

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90090 038 ***150.00

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DOCUMENT # P28736

1. Entity Name
HOLIDAY RETIREMENT CORP.



Principal Place of Business
P.O. BOX 14111
SALEM OR 97309
US

Mailing Address
PO BOX 14111
ATTN: DELLANE COLSON
SALEM OR 97309
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **93-0937196**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD COLSON, WILLIAM E.**
STREET ADDRESS **2250 MCGILCHRIST ST. SE**
CITY-ST-ZIP **SALEM OR**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D COLSON, BARTON**
STREET ADDRESS **2250 MCGILCHRIST ST. SE**
CITY-ST-ZIP **SALEM OR 97302**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD BRUCE D THORN**
STREET ADDRESS **2250 MCGILCHRIST ST. SE**
CITY-ST-ZIP **SALEM OR 97302**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HUDDART, JAMES L.**
STREET ADDRESS **3276 COMMERCIALM ST.**
CITY-ST-ZIP **SALEM OR**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BATY, DANIEL R.**
STREET ADDRESS **2105 N. 30TH STREET**
CITY-ST-ZIP **TACOMA WA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP/D AKRANI, SAMI T**
STREET ADDRESS **6363 CHRISTIE AVE., #2207**
CITY-ST-ZIP **EMERYVILLE CA 94608**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 503/370-7070
Date Daytime Phone #

CR2E034 (10/02)