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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30250 (5)

1. Corporation Name
PREMIER ONE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
851 SW SIXTH AVENUE #900 PORTLAND OR 97204-1346	851 SW SIXTH AVENUE #900 PORTLAND OR 97204-1346

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 56-0945039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D → Also "Pres." - officer @	1.1 TITLE	Director ☐ Change ☒ Addition
NAME	PATSIS, C. PAUL	1.2 NAME	Candace L. Straight
STREET ADDRESS	851 SW SIXTH AVENUE	1.3 STREET ADDRESS	545 Madison Ave.
CITY-ST-ZIP	PORTLAND OR 97204-1346	1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	SVP	2.1 TITLE	☐ Change ☐ Addition
NAME	TRUAX, JAMES	2.2 NAME	
STREET ADDRESS	851 SW SIXTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97204-1346	2.4 CITY-ST-ZIP	
TITLE	VPT	3.1 TITLE	☐ Change ☐ Addition
NAME	STAATS, ROBERT V.	3.2 NAME	
STREET ADDRESS	851 SW SIXTH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97204-1346	3.4 CITY-ST-ZIP	
TITLE	AVP	4.1 TITLE	☐ Change ☐ Addition
NAME	JEANNFREAU, MICHAEL	4.2 NAME	
STREET ADDRESS	851 SW SIXTH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97204-1346	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSS,EDWARD W.	5.2 NAME	
STREET ADDRESS	919 N MICHIGAN AVE. STE. 1500	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Also, "SVP" officer ☒ Change ☐ Addition
NAME	DUNN, GREG T.	6.2 NAME	
STREET ADDRESS	851 SW SIXTH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97204-1346	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert V. Staats (Robert V. Staats) 1-11-95 503-220-3345
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

040084 FP