

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P30250 (5)
1. Corporation Name
PREMIER ONE, INC.



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

Mailing Address
**851 SW SIXTH AVENUE #900
PORTLAND OR 97204-1346**

3. Date Incorporated or Qualified
07/18/1990

3a. Date of Last Report
02/20/1996

4. FEI Number
56-0945039

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|--|
| TITLE | EVP | <input type="checkbox"/> DELETE |
| NAME | DUNN, GREG T | |
| STREET ADDRESS | 851 SW 6TH AVENUE, SUITE 900 | |
| CITY - ST - ZIP | PORTLAND OR | |
| TITLE | VPPD | <input checked="" type="checkbox"/> DELETE |
| NAME | JEANFREAU, MICHAEL P | |
| STREET ADDRESS | 851 SW 6TH AVENUE, SUITE 900 | |
| CITY - ST - ZIP | PORTLAND OR | |
| TITLE | EVPS | <input type="checkbox"/> DELETE |
| NAME | KAPLAN, JOEL S | |
| STREET ADDRESS | 851 SW 6TH AVENUE, SUITE 900 | |
| CITY - ST - ZIP | PORTLAND OR | |
| TITLE | SVP | <input type="checkbox"/> DELETE |
| NAME | MARTINA, WILLIAM P | |
| STREET ADDRESS | 851 SW 6TH AVENUE, SUITE 900 | |
| CITY - ST - ZIP | PORTLAND OR | |
| TITLE | EVPO | <input type="checkbox"/> DELETE |
| NAME | NIPOTI, PETER E | |
| STREET ADDRESS | 851 SW 6TH AVENUE, SUITE 900 | |
| CITY - ST - ZIP | PORTLAND OR | |
| TITLE | POC | <input type="checkbox"/> DELETE |
| NAME | PATIS, C P | |
| STREET ADDRESS | 851 SW 6TH AVENUE, SUITE 900 | |
| CITY - ST - ZIP | PORTLAND OR | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------|--|
| 1.1 TITLE | D/V/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | D/V | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | JAMES M. TRUAX | |
| 2.3 STREET ADDRESS | 851 SW 6TH AVE. SUITE 900 | |
| 2.4 CITY - ST - ZIP | PORTLAND OR 97204 | |
| 3.1 TITLE | D/V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | D/V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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 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: *Joel S. Kaplan* **REQUIRED** **JOEL S. KAPLAN 1-7-97 603 220 3322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)