

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30250

1. Entity Name

PREMIER ONE, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90027 030 \*\*\*150.00

Principal Place of Business

851 SW SIXTH AVENUE #900  
PORTLAND OR 97204-1346

Mailing Address

851 SW SIXTH AVENUE #900  
PORTLAND OR 97204-1346

2. Principal Place of Business

c/o Pen Associates, Inc.

3. Mailing Address

N/A

Suite, Apt. #, etc.

5520 S.W. Macadam Ave., Suite 201

Suite, Apt. #, etc.

City & State

City & State  
Portland, OR

Zip

97201

Country

USA

Zip

Country

4. FEI Number

56-0945039

Applied For

Not Applicable

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 SYSTEM  
1200 S. PINE ISLAND ROAD  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRUAX, JAMES M. 851 S.W. 6TH AVE., SUITE 900 PORTLAND OR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPLAN, JOEL S 851 SW 6TH AVENUE, SUITE 900 PORTLAND OR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINA, WILLIAM P 851 SW 6TH AVENUE, SUITE 900 PORTLAND OR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NIPOTI, PETER E 851 SW 6TH AVENUE, SUITE 900 PORTLAND OR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST OF NEW OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David A. Connors*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/00 214-954-7763

CR2E034 (9/99)

**James T. McDermott**

Treasurer

PennCorp Financial, Inc.  
c/oSouthwestern Financial Services Corporation  
717 North Harwood  
Dallas TX 75201

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A0027121

**David A. Commons**

Assistant Treasurer

PennCorp Financial, Inc.  
c/oSouthwestern Financial Services Corporation  
717 North Harwood  
Dallas TX 75201

**Betty M. Jobson**

Assistant Treasurer

PennCorp Financial, Inc.  
c/oSouthwestern Financial Services Corporation  
717 North Harwood  
Dallas TX 75201

**PREMIER ONE, INC.,  
A North Carolina Corporation**

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A0027121

**DIRECTORS**

<u>Name</u>	<u>Address</u>
<b>Scott D. Silverman</b>	PennCorp Financial, Inc. c/o Southwestern Financial Services Corporation 717 North Harwood Dallas TX 75201
<b>Keith A. Maib</b>	PennCorp Financial, Inc. c/o Southwestern Financial Services Corporation 717 North Harwood Dallas TX 75201
<b>James T. McDermott</b>	PennCorp Financial, Inc. c/o Southwestern Financial Services Corporation 717 North Harwood Dallas TX 75201

**OFFICERS**

<u>Name</u>	<u>Office</u>	<u>Address</u>
<b>Keith A. Maib</b>	President	PennCorp Financial, Inc. c/o Southwestern Financial Services Corporation 717 North Harwood Dallas TX 75201
<b>Scott D. Silverman</b>	Secretary	PennCorp Financial, Inc. c/o Southwestern Financial Services Corporation 717 North Harwood Dallas TX 75201
<b>David A. Leonard</b>	Assistant Secretary	PennCorp Financial, Inc. c/o Southwestern Financial Services Corporation 717 North Harwood Dallas TX 75201