

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90072 001 \*\*\*550.00

0138883 AB

**DOCUMENT # P30250**

1. Entity Name  
**PREMIER ONE, INC.**

Principal Place of Business

% PEN ASSOCIATES, INC  
 5520 SW MACADAM AVE STE-201  
 PORTLAND OR 97201

Mailing Address

851 SW SIXTH AVENUE #900  
 PORTLAND OR 97204-1346

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o SFSC  
 Suite, Apt. #, etc.  
 717 N. Harwood Street

3. Mailing Address

c/o SFSC  
 Suite, Apt. #, etc.  
 P.O. Box 132699

City & State

Dallas, Texas

City & State

Dallas, Texas

4. FEI Number

56-0945039

Applied For

Not Applicable

Zip

75201

Country

U.S.A.

Zip

75313-2699

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer and Director David A. Commons c/o SFSC, P.O. Box 132699 Dallas, Texas 75313-2699	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joan E. Olson c/o SFSC, P.O. Box 132699 Dallas, Texas 75313-2699	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David B. Little c/o SFSC, P.O. Box 132699 Dallas, Texas 75313-2699	<input type="checkbox"/> Change <input checked="" 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
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:

*Joan E. Olson*

REQUIRED  
 Joan E. Olson

July 26, 2001

214-954-7124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)