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Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35150** (2)  
1. Corporation Name  
**PROTOCOL SYSTEMS, INC.**



Principal Place of Business <b>8500 SOUTHWEST CREEKSIDE PLACE BEAVERTON OR 97008-7107 US</b>	Mailing Address <b>8500 SOUTHWEST CREEKSIDE PLACE BEAVERTON OR 97008-7107 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/16/1991</b>		3a. Date of Last Report <b>04/05/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>93-0913130</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOON, JAMES B.</b>	1.2 NAME	<b>SEE ATTACHED LIST</b>
STREET ADDRESS	<b>8500 S.W. CREEKSIDE PL.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BEAVERTON OR</b>	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWANSON, CRAIG M.</b>	2.2 NAME	
STREET ADDRESS	<b>8500 S.W. CREEKSIDE PL.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BEAVERTON OR</b>	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEE, JAMES P JR</b>	3.2 NAME	
STREET ADDRESS	<b>8500 SW CREEKSIDE PL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BEAVERTON OR</b>	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLSTEIN, CARL P JR</b>	4.2 NAME	
STREET ADDRESS	<b>8500 SW CREEKSIDE PL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BEAVERTON OR</b>	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OYLER, ALLEN L</b>	5.2 NAME	
STREET ADDRESS	<b>8500 SW CREEKSIDE PL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BEAVERTON OR</b>	5.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, LEE A MD</b>	6.2 NAME	
STREET ADDRESS	<b>8500 SW CREEKSIDE PL</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BEAVERTON OR</b>	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 changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CRAIG M. SWANSON** 4/21/97 (503) 526-8500  
Date Daytime Phone #

CR2E034 (9/96)

**PROTOCOL SYSTEMS, INC.  
1996/1997 STATE ANNUAL REPORTS**

**January 1, 1997-**

**Officers and Directors**

**Officers:**

**Title / SS#:**

James B. Moon  
11280 S.W. Pintail Loop  
Beaverton, OR 97007

President, CEO, Chairman of the Board  
565-62-2468

Craig M. Swanson  
17580 Tree Top Way  
Lake Oswego, OR 97034

V.P.-Finance, Secretary  
532-38-5597

James P. Fee, Jr.  
13645 N.W. Lariat Ct.  
Portland, OR 97229

V.P.- Sales & Marketing  
325-36-7593

Carl P. Hollstein, Jr.  
10880 S.W. Avocet Ct.  
Beaverton, OR 97007-8391

V.P.-Manufacturing  
097-30-6361

Allen L. Oyler  
12288 S.W. 131st Ave  
Tigard, OR 97223

V.P.-Human Res/Admin  
518-52-5633

*Add ↓*

James P. Welch  
14340 S.W. Hazelhill Dr.  
Tigard, OR 97224

V.P.-Quality Systems  
092-44-5687

Lawrence C. Gray  
16100 S.W. Cormorant Dr.  
Beaverton, OR 97007

V.P.-Engineering  
550-70-4461

**Directors:**

**Date appointed / SS#:**

David F. Bolender  
10496 S.W. Mt. Adams Dr.  
Beaverton, OR 97007

May, 1996  
070-22-0975

William New, Jr.  
95 Skywood Way  
Woodside, CA 94062

May, 1994  
564-56-2414

Ronald S. Newbower  
159 Nagog Hill Rd.  
Acton, MA 01720

May, 1994  
054-36-6774

Frank E. Samuel, Jr.  
13609 Shaker Blvd., 2A  
Shaker Heights, OH 44120

May, 1994  
276-38-9831

Steven E. Wynne  
2575 S.W. Montgomery Dr.  
Portland, OR 97201

May, 1996  
557-80-9504