

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P35150 (2)
1. Corporation Name
PROTOCOL SYSTEMS, INC.



Principal Place of Business
8500 SOUTHWEST CREEKSIDE PLACE
BEAVERTON OR 97008-7107
US

Mailing Address
8500 SOUTHWEST CREEKSIDE PLACE
BEAVERTON OR 97008-7107
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1991

4. FEI Number

93-0913130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

TITLE PCO
NAME MOON, JAMES B.
STREET ADDRESS 8500 S.W. CREEKSIDE PL.
CITY-ST-ZIP BEAVERTON OR

TITLE VS
NAME SWANSON, CRAIG M.
STREET ADDRESS 8500 S.W. CREEKSIDE PL.
CITY-ST-ZIP BEAVERTON OR

TITLE V
NAME FEE, JAMES P JR
STREET ADDRESS 8500 SW CREEKSIDE PL
CITY-ST-ZIP BEAVERTON OR

TITLE V
NAME HOLLSTEIN, CARL P JR
STREET ADDRESS 8500 SW CREEKSIDE PL
CITY-ST-ZIP BEAVERTON OR

TITLE V
NAME OYLER, ALLEN L
STREET ADDRESS 8500 SW CREEKSIDE PL
CITY-ST-ZIP BEAVERTON OR

TITLE VP
NAME WELCH, JAMES
STREET ADDRESS 14340 SW HAZELHILL DR
CITY-ST-ZIP TIGARD OR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE CH, CHIEF EXEC. OFF.
2.2 NAME DAVID F. BOLENDER
2.3 STREET ADDRESS 10496 S.W. MT. ADAMS DR.
2.4 CITY-ST-ZIP BEAVERTON, OR 97007

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

CR2E034 (10/97)