

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

0559769

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90237 044 ***150.00

DOCUMENT # P35150

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD ☒ DELETE
NAME MOON, JAMES B.
STREET ADDRESS 8500 S.W. CREEKSIDE PL.
CITY-ST-ZIP BEAVERTON OR

1.1 TITLE PC ☐ Change ☒ Addition
1.2 NAME DAVID F. BOLENDER
1.3 STREET ADDRESS 10496 S.W. MOUNT ADAMS DR.
1.4 CITY-ST-ZIP BEAVERTON, OR 97007

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME SEE COMPLETE LIST
2.3 STREET ADDRESS ATTACHED
2.4 CITY-ST-ZIP

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

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

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

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

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

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

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

6.1 TITLE ☒ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)