

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90031 017 \*\*\*150.00

**DOCUMENT # P35150**

**1. Entity Name**  
**PROTOCOL SYSTEMS, INC.**

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

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **93-0913130**      **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, 2002 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**      **D**      ☐ Delete  
**NAME**      **SODERBERG, PETER H**  
**STREET ADDRESS**      **44 STATE ST.**  
**CITY-ST-ZIP**      **SKANEATELES FALLS NY 13152**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY-ST-ZIP**      ☐ Change      ☐ Addition  
**See attach LIST**

**TITLE**      **D**      ☐ Delete  
**NAME**      **FISHER, DANIEL**  
**STREET ADDRESS**      **4341 STATE STREET RD**  
**CITY-ST-ZIP**      **SKANEATELES FALLS NY 13153**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY-ST-ZIP**      ☐ Change      ☐ Addition

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

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY-ST-ZIP**      ☐ Change      ☐ Addition

**TITLE**      **D**      ☐ Delete  
**NAME**      **LABOSKY, BONNIE L**  
**STREET ADDRESS**      **118 E. GENESEE ST**  
**CITY-ST-ZIP**      **SKANEATELES FALLS NY 13152**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY-ST-ZIP**      ☐ Change      ☐ Addition

**TITLE**      **D**      ☐ Delete  
**NAME**      **LINQUEST, DOUGLAS J**  
**STREET ADDRESS**      **6319 DOWLING DR**  
**CITY-ST-ZIP**      **LA JOLLA CA 92037**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY-ST-ZIP**      ☐ Change      ☐ Addition

**TITLE**      **V**      ☒ Delete  
**NAME**      **WELCH, JAMES**  
**STREET ADDRESS**      **14340 SW HAZELHILL DR**  
**CITY-ST-ZIP**      **TIGARD OR**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY-ST-ZIP**      ☐ Change      ☐ 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:**      *Signature of Peter H. Soderberg*      **Signature and Typed or Printed Name of Signing Officer or Director**      **Date**      **Daytime Phone #**  
**4/12/02 (503) 530-7500**

CR2E034 (9/01)