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FILED
Jan 26 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 # P37351

(4)

CLASSIC RETIREMENT CORP.



Principal Place of Business

P.O. BOX 12926
SALEM OR 97309

Mailing Address

P.O. BOX 12926
SALEM OR 97309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1992

4. FEI Number

93-0169627

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 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

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH 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 P
NAME COLSON, WILLIAM E.
STREET ADDRESS 2250 MCGILCHRIST ST. SE
CITY-ST-ZIP SALEM OR

DELETE

TITLE V
NAME BATY, DANIEL R.
STREET ADDRESS 2105 N. 30TH STREET
CITY-ST-ZIP TACOMA WA

DELETE

TITLE S
NAME COLSON, BARTON G
STREET ADDRESS 2250 MCGILCHRIST ST SE
CITY-ST-ZIP SALEM OR

DELETE

TITLE T
NAME BRENDEN, NORMAN L.
STREET ADDRESS 2250 MCGILCHRIST ST. SE
CITY-ST-ZIP SALEM OR

DELETE

TITLE D
NAME COLSON, WILLIAM E.
STREET ADDRESS 2250 MCGILCHRIST ST. SE
CITY-ST-ZIP SALEM OR

DELETE

TITLE D
NAME BRENDEN, NORMAN L.
STREET ADDRESS 2250 MCGILCHRIST ST SE
CITY-ST-ZIP SALEM OR 97302

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE: *Norman L. Brenden* 1-9-98 (173) 210-7001 1/2/98

CR2E034 (10/97)