

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2008 08:00 AM  
Secretary of State

DOCUMENT # P98000025959

1. Entity Name  
SAH LP HOLDINGS, INC.



Principal Place of Business  
6420 SW MACADAM  
100  
PORTLAND, OR 97239

Mailing Address  
6420 SW MACADAM  
100  
PORTLAND, OR 97239



04112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0820672	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

UD00000921230  
05/14/08-80075-018 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC EMERY, RODNEY F 6420 SW MACADAM, #100 PORTLAND, OR 97239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVAR, DINESH 6420 SW MACADAM, #100 PORTLAND, OR 97239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEL RIO, ANA MARIE 6420 SW MACADAM, #100 PORTLAND, OR 97239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINNING, R. KYLE 6420 SW MACADAM, #100 PORTLAND, OR 97239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HILBERT, CHRISTOPHER 6420 SW MACADAM, #100 PORTLAND, OR 97239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Dinesh Davar, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2008 949 852-0700  
Date Daytime Phone