

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001044

Entity Name: NORTHWEST EVALUATION ASSOCIATION, INCORPORATED**Current Principal Place of Business:**121 N.W. EVERETT STREET
PORTLAND, OR 97209**Current Mailing Address:**121 N.W. EVERETT STREET
PORTLAND, OR 97209**FEI Number:** 93-0686108**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title D
Name ANGERERMEYR, JIM DR.
Address 121 N.W. EVERETT STREET
City-State-Zip: PORTLAND OR 97209

Title PRESIDENT
Name STRICKLER, JEFF
Address 121 NW EVERETT STREET
City-State-Zip: PORTLAND OR 97209

Title DIRECTOR
Name BLOCKER, RONALD DR.
Address 121 N.W. EVERETT STREET
City-State-Zip: PORTLAND OR 97209

Title DIRECTOR
Name FLEISCHMAN, STEVE
Address 121 N.W. EVERETT STREET
City-State-Zip: PORTLAND OR 97209

Title CEO
Name CHAPMAN, MATT
Address 121 NW EVERETT STREET
City-State-Zip: PORTLAND OR 97209

Title D
Name WISE, JOSEPH
Address 121 N.W. EVERETT STREET
City-State-Zip: PORTLAND OR 97209

Title DIRECTOR
Name WONG, KENNETH DR.
Address 121 N.W. EVERETT STREET
City-State-Zip: PORTLAND OR 97209

Title DIRECTOR
Name DELISLE, DEB
Address 121 N.W. EVERETT STREET
City-State-Zip: PORTLAND OR 97209

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY P. STRICKLER**PRESIDENT****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SMITH, PAT
Address	121 N.W. EVERETT STREET
City-State-Zip:	PORTLAND OR 97209