2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003575

Entity Name: OREGON RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

1776 MILLRACE DRIVE EUGENE. OR 97403-2536

Current Mailing Address:

1776 MILLRACE DRIVE EUGENE. OR 97403-2536

FEI Number: 93-0495655 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBBINS, MICHAEL S 1901 NW 108TH AVENUE PEMBROKE PINES, FL 33026 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

FILED Mar 15, 2019

Secretary of State

4724711427CC

Officer/Director Detail:

Title	DIRECTOR	Tit	e DIRECTOR

NameANDREWS, JUDYNameEDMONDS, GRANTAddress1776 MILLRACE DRIVEAddress1776 MILLRACE DRIVECity-State-Zip:EUGENE OR 97403City-State-Zip:EUGENE OR 97403

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 FORRESTEL, ANNE
 Name
 KANNEN, MARK

Address 1776 MILLRACE DRIVE Address 1776 MILLRACE DRIVE

City-State-Zip: EUGENE OR 97403

City-State-Zip: EUGENE OR 97403

City-State-Zip: EUGENE OR 97403

Title DIRECTOR, CHAIRMAN Title DIRECTOR

NameWALDRON, HOLLYNameSEVERSON, HERBAddress1776 MILLRACE DRIVEAddress1776 MILLRACE DRIVECity-State-Zip:EUGENE OR 97403City-State-Zip:EUGENE OR 97403

TitleDIRECTOR, TREASURERTitleDIRECTORNameBRAVO AGUAYO, KATHERINENameIRVIN, AARON

Address 1776 MILLRACE DRIVE Address 1776 MILLRACE DRIVE
City-State-Zip: EUGENE OR 97043 City-State-Zip: EUGENE OR 97403

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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: HOLLY WALDRON BOARD CHAIR 03/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameBERGEN, ANDREWNameNATASHA, COMPTONAddress1776 MILLRACE DRIVEAddress1776 MILLRACE DRIVECity-State-Zip:EUGENE OR 97403City-State-Zip:EUGENE OR 97403

Title DIRECTOR Title DIRECTOR

NameCHEDESTER, HOLLYNameMURPHY, SHAWNAddress1776 MILLRACE DRIVEAddress1776 MILLRACE DRIVE

City-State-Zip: EUGENE OR 97403 City-State-Zip: EUGENE OR 97403