

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003818

FILED
Feb 18, 2019
Secretary of State
2028854598CC

Entity Name: RESPONDER LIFE, INCORPORATED

Current Principal Place of Business:

5665 SW MEADOWS ROAD
SUITE 160
LAKE OSWEGO, OR 97035

Current Mailing Address:

PO BOX 6586
PORTLAND, OR 97228 US

FEI Number: 93-1296155

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, RONNIE
8411 QUARTERHORSE DRIVE
RIVERVIEW, FL 33578 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 CHAIRMAN
Name WILLIAMS, DAVE
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

Title VC
Name LEEP, CARL
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

Title D
Name BALASH, RON
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

Title PRESIDENT
Name DOTY, TREY
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

Title VP
Name CHADWICK, STEPHEN
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

Title DIRECTOR
Name COZZIE, BOB
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

Title DIRECTOR
Name KEIM, PAT
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

Title DIRECTOR
Name WEBER, STU
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

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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: MIKE SULLIVAN

CFO

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BARTOL, STEVE
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

Title DIRECTOR
Name MAY, VICKI
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035

Title CFO
Name SULLIVAN, MIKE
Address 5665 SW MEADOWS ROAD
SUITE 160
City-State-Zip: LAKE OSWEGO OR 97035