

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004942

Entity Name: VIEWPOINT, INC**Current Principal Place of Business:**1515 SE WATER AVENUE, SUITE 300
PORTLAND, OR 97214**Current Mailing Address:**1515 SE WATER AVENUE, SUITE 300
PORTLAND, OR 97214 US**FEI Number:** 59-2993235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	VICE PRESIDENT AND TREASURER
Name	BATES, ANDREW
Address	1515 SE WATER AVENUE, SUITE 300
City-State-Zip:	PORTLAND OR 97214

Title	SECRETARY
Name	ALLISON, JENNIFER
Address	1515 SE WATER AVENUE, SUITE 300
City-State-Zip:	PORTLAND OR 97214

Title	CEO/PRESIDENT
Name	KOTZABASAKIS, EMMANOUIL
Address	1515 SE WATER AVENUE, SUITE 300
City-State-Zip:	PORTLAND OR 97214

Title	DIRECTOR
Name	SHEPARD, JULIE
Address	1515 SE WATER AVENUE, SUITE 300
City-State-Zip:	PORTLAND OR 97214

Title	DIRECTOR
Name	RIMAS, A. PAUL
Address	1515 SE WATER AVENUE, SUITE 300
City-State-Zip:	PORTLAND OR 97214

Title	DIRECTOR
Name	KIRKLAND, JAMES A.
Address	1515 SE WATER AVENUE, SUITE 300
City-State-Zip:	PORTLAND OR 97214

Title	VP
Name	KIRKLAND, JAMES A.
Address	1515 SE WATER AVENUE, SUITE 300
City-State-Zip:	PORTLAND OR 97214

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER ALLISON**SECRETARY****03/28/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date