

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000005954

**Entity Name:** PORTLAND GENERAL ELECTRIC COMPANY

**Current Principal Place of Business:**

121 SW SALMON STREET  
PORTLAND, OR 97204

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**4436828776CC**

**Current Mailing Address:**

121 SW SALMON STREET  
1WTC1301  
PORTLAND, OR 97204 US

**FEI Number:** 93-0256820

**Certificate of Status Desired:** No

**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 DIRECTOR, PRESIDENT, CEO  
Name POPE, MARIA  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title SECRETARY  
Name PAGEDAR, SUJATA  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR  
Name FARRELL, DAWN  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR  
Name OH HUBER, MARIE  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR  
Name JACKSON, KATHRYN  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR  
Name LEWIS, MICHAEL  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR  
Name MILLEGAN, MICHAEL  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR, CHAIRMAN  
Name TORGERSON, JIM  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

**Continues on page 2**

*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:** KRISTINA BENSON

**ASSISTANT SECRETARY** 04/25/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PINEDA, PATRICIA  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title COO, VP  
Name FELTON, BENJAMIN  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title VP  
Name ESPINOSA, ANGELICA  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title VP  
Name MERSEREAU, ANNE  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title ASST. SECRETARY  
Name BENSON, KRISTINA  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title CFO, VP  
Name TRPIK, JOSEPH  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title VP  
Name BEKKEDAHL, LARRY  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title VP  
Name KOCHAVATR, JOHN  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title VP  
Name SIMS, BRETT  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204

Title ASST. TREASURER  
Name LIDDLE, CHRISTOPHER  
Address 121 SW SALMON STREET  
City-State-Zip: PORTLAND OR 97204