

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005157

FILED
Jun 25, 2009
Secretary of State

Entity Name: LEASEDIMENSIONS, INC.

Current Principal Place of Business:

222 SW COLUMBIA STREET SUITE 1000
PORTLAND, OR 97201

New Principal Place of Business:

1410 SW MORRISON ST SUITE 750
PORTLAND, OR 97205

Current Mailing Address:

222 SW COLUMBIA STREET SUITE 1000
PORTLAND, OR 97201

New Mailing Address:

1410 SW MORRISON ST SUITE 750
PORTLAND, OR 97205

FEI Number: 93-1188539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, SHEILA
1637 METROPOLITAN BLVD #A1
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ALLEN, WILLIAM D
Address: 222 SW COLUMBIA STREET SUITE 1000
City-St-Zip: PORTLAND, OR 97201

Title: VCVP () Delete
Name: HINPST, ROBERT A
Address: 222 SW COLUMBIA STREET SUITE 1000
City-St-Zip: PORTLAND, OR 97201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: ALLEN, WILLIAM D
Address: 1410 SW MORRISON ST. SUITE 750
City-St-Zip: PORTLAND, OR 97205

Title: VCVP (X) Change () Addition
Name: HINGST, ROBERT A
Address: 1410 SW MORRISON ST. SUITE 750
City-St-Zip: PORTLAND, OR 97205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM D ALLEN

CP

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date