

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003758

FILED
Jan 05, 2011
Secretary of State

Entity Name: DENNIS UNIFORM MFG. CO.

Current Principal Place of Business:

714 N.E. HANCOCK STREET
PORTLAND, OR 97212

New Principal Place of Business:

Current Mailing Address:

714 N.E. HANCOCK STREET
PORTLAND, OR 97212

New Mailing Address:

FEI Number: 93-0421020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTIGLIONE, RONA
7715 APOPKA BLVD
APOPKA, FL 32703 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

OFFICERS AND DIRECTORS:

Title: P
Name: SHIPLEY, THOMAS
Address: 645 NW SKYLINE BLVD
City-St-Zip: PORTLAND, OR 97229

Title: STVP
Name: NEES, GARY
Address: 4711 NW HUSERIK DRIVE
City-St-Zip: PORTLAND, OR 97229

Title: C
Name: SHIPLEY, JOHN
Address: 11670 SW LYNNRIDGE ROAD
City-St-Zip: PORTLAND, OR 97225

Title: VP
Name: ZINDEL, AL
Address: 17421 UPPER CHERRY LANE
City-St-Zip: LAKE OSWEGO, OR 97034

Title: VP
Name: LANGLEY, BARBARA
Address: 5021 SW BANCROFT ST.
City-St-Zip: PORTLAND, OR 97221

Title: VP
Name: SHIPLEY, JOAN
Address: 11670 SW LYNNRIDGE ROAD
City-St-Zip: PORTLAND, OR 97225

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: GARY NEES

STVP

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date