

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004454

**Entity Name:** ECONOMIC CONSULTANTS OREGON, LTD., INC.

**FILED**  
**Apr 21, 2021**  
**Secretary of State**  
**1903525913CC**

**Current Principal Place of Business:**

222 SW COLUMBIA STREET  
SUITE 1600  
PORTLAND, OR 97201

**Current Mailing Address:**

222 SW COLUMBIA STREET  
SUITE 1600  
PORTLAND, OR 97201 US

**FEI Number: 93-0639592**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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  
Name TAPOGNA, JOHN  
Address 222 SW COLUMBIA STREET  
SUITE 1600  
City-State-Zip: PORTLAND OR 97201

Title VP, TREASURER, ASST. SECRETARY,  
DIRECTOR  
Name JUNTUNEN, LORELEI  
Address 222 SW COLUMBIA STREET  
SUITE 1600  
City-State-Zip: PORTLAND OR 97201

Title DIRECTOR, VP  
Name BUCKLEY, MARK  
Address 222 SW COLUMBIA STREET  
SUITE 1600  
City-State-Zip: PORTLAND OR 97201

Title SECRETARY, VP, ASST. TREASURER,  
DIRECTOR  
Name DYKE, ANDREW  
Address 222 SW COLUMBIA STREET  
SUITE 1600  
City-State-Zip: PORTLAND OR 97201

Title DIRECTOR, VP  
Name CAHILL, KEVIN  
Address 222 SW COLUMBIA STREET  
SUITE 1600  
City-State-Zip: PORTLAND OR 97201

Title DIRECTOR, VP  
Name WILKERSON, MIKE  
Address 222 SW COLUMBIA STREET  
SUITE 1600  
City-State-Zip: PORTLAND OR 97201

Title VP, DIRECTOR  
Name SHOOK, MORGAN  
Address 222 SW COLUMBIA STREET  
SUITE 1600  
City-State-Zip: PORTLAND OR 97201

*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: ANDREW DYKE**

**SECRETARY**

**04/21/2021**

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

\_\_\_\_\_  
Date