

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

95 JUN 20 PX 2: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000003114 (5)**

1. Corporation Name

**PACIFIC LANGUAGE ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

5150 SW GRIFFITH DR., #219  
BEAVERTON OR 97005

5150 SW GRIFFITH DR., #219  
BEAVERTON OR 97005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/15/1994

4. FEI Number

Applied For

93-0616900

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 506 SW 6th Avenue

2a 506 SW 6th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 250

27 Suite 250

City & State

City & State

23 Portland, Oregon

28 Portland, Oregon

Zip

Country

Zip

Country

24 97204

25 USA

29 97204

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

PLOENER, FRANCIS DR  
16400 NW 32ND AVE.  
ST THOMAS UNIVERSITY  
MIAMI FL 33054

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**Francis Ploener, Dr.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                      |
|-----------------|----------------------|
| TITLE           | PDC                  |
| NAME            | SLOAT, CLARENCE DR   |
| STREET ADDRESS  | 6525 SW FIRLOCK, #8  |
| CITY - ST - ZIP | PORTLAND OR 97223    |
| TITLE           | S                    |
| NAME            | STIPEK, BARBARA S    |
| STREET ADDRESS  | 5017 SW ORCHARD LANE |
| CITY - ST - ZIP | PORTLAND OR 97219    |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

|                    |                              |  |
|--------------------|------------------------------|--|
| 1. TITLE           | PDC                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | Sloat, Clarence DR.          |  |
| 13 STREET ADDRESS  | 506 SW 6th Avenue, Suite 250 |  |
| 14 CITY - ST - ZIP | Portland, Oregon - 97204     |  |
| 2. TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                              |  |
| 23 STREET ADDRESS  |                              |  |
| 24 CITY - ST - ZIP |                              |  |
| 3. TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                              |  |
| 33 STREET ADDRESS  |                              |  |
| 34 CITY - ST - ZIP |                              |  |
| 4. TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                              |  |
| 43 STREET ADDRESS  |                              |  |
| 44 CITY - ST - ZIP |                              |  |
| 5. TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                              |  |
| 53 STREET ADDRESS  |                              |  |
| 54 CITY - ST - ZIP |                              |  |
| 6. TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                              |  |
| 63 STREET ADDRESS  |                              |  |
| 64 CITY - ST - ZIP |                              |  |

BS 7/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Stipek

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

6/14/95

Date

(503) 220-2506

Telephone Number

CR20034 (3/95)