

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000000723 (5)**

1. Corporation Name

WILSHIRE CREDIT CORPORATION



Principal Place of Business

**1776 MADISON AVENUE, SUITE 300
PORTLAND OR 97205**

Mailing Address

**1776 MADISON AVENUE, SUITE 300
PORTLAND OR 97205**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
120 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

N/A

4. FEI Number

95-4229749

Applied For

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

10. Name and Address of New Registered Agent

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.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**PECO
WIEDERHORN, ANDREW
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**D
WIEDERHORN, ANDREW
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**EV
MENDELSON, LAWRENCE A
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**V
KEPP, KEN
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**V
BERCHTOLD, DON
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**SVP
TASSOS**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

**SVP
TASSOS, CHRIS
1776 SW MADISON ST, SUITE 300
PORTLAND, OR 97205**

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

**CFO
(WIEGSTEIN), BRYAN
1776 SW MADISON ST, SUITE 300
PORTLAND, OR 97205**

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE MENDELSON

5/1/96

DATE

(503) 223-5600

DAYTIME PHONE #

CR2E034 (12/95)