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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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

05/01/1996

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 title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PECO
WIEDERHORN, ANDREW
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WIEDERHORN, ANDREW
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EV
MENDELSON, LAWRENCE A
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
KEPP, KEN
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BERCHTOLD, DON
1776 SW MADISON ST, SUITE 300
PORTLAND OR 97205

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
TASSOS, CHRIS
1776 SW MADISON ST SUITE 300
PORTLAND OR

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
SVP
SHERYL MORRISON
1776 SW MADISON ST.
PORTLAND, OR 97205

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
SVP
BO ABURG
1776 SW MADISON ST.
PORTLAND, OR 97205

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
CFO
GLORIA OWE
1776 SW MADISON ST.
PORTLAND, OR 97205

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

(Signature)

4/24/97

(503) 952-7360

CR2E034 (9/96)