



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503)986-2200  
Fax: (503)378-4381  
www.filinginoregon.com

**2010 ANNUAL REPORT**  
Registry Number: 048801-18  
Date of Incorporation: 02/14/1950  
Fee: \$50.00  
Due Date: 02/14/2010  
Type: DOMESTIC NONPROFIT CORPORATION

SALEM ASSOCIATION OF REALTORS, INC.  
1860 HAWTHORNE AVE NE STE 60  
SALEM OR 97301

**FILED**

**JAN 15 2010**

OREGON  
SECRETARY OF STATE

**Name of Domestic Nonprofit Corporation**  
SALEM ASSOCIATION OF REALTORS, INC.

**Jurisdiction:** OREGON

**Nonprofit Type:** Mutual Benefit With Members

The following information is required by statute. Please complete the entire form. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**

JAMES J LEWIS  
1860 HAWTHORNE AVE NE STE 60  
SALEM OR 97301

If the Registered Agent has changed, the new Agent has consented to the appointment. Oregon street address required.

**1) Type of Business**

*Realtor Association*

**2) Principal Place of Business (Str. address,city,state,zip)**

1860 HAWTHORNE AVE NE STE 60  
SALEM OR 97301

**3) Mailing Address (Address,city,state,zip)**

1860 HAWTHORNE AVE NE STE 60  
SALEM OR 97301

**4) President Name and Address**

~~JENNIFER MARTIN~~  
~~C/O SPERRY VAN NESS~~  
~~2720 COMMERCIAL ST SE~~  
~~SALEM OR 97302~~  
*Don Meyer*  
*c/o Re/Max Equity Group*  
*1860 Hawthorne Ave NE*  
*Salem, OR 97301*

**5) Secretary Name and Address**

~~HECTOR GARCIA~~  
~~C/O JOHN L SCOTT~~  
~~725 COMMERCIAL ST SE~~  
~~SALEM OR 97301~~  
*Sue Carth's*  
*c/o Prudential Real Estate Professionals*  
*1220 20<sup>th</sup> St. S.E.*  
*Salem, OR 97302*

**6) Signature**

*[Handwritten Signature]*

**7) Printed Name**

*James J. Lewis*

**8) Date**

*1/5/10*

**9) Daytime Phone Number**

*40 - 0081*

Make check payable to "Corporation Division, 25: Note: You can also fax to ( and expiration date on a s



4880118-11573367

ayment to Secretary of State, erCard. Submit the card number