

11-9-10 52 4 50



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: 425374-80**

**Date of Incorporation: 11/09/1994**

**Fee: \$50.00**

**Due Date: 11/09/2010**

**Type: DOMESTIC NONPROFIT CORPORATION**

OREGON HEALTH CAREER CENTER  
25195 SW PARKWAY AVE STE 204  
WILSONVILLE OR 97070

**FILED**  
**NOV 10 2010**  
OREGON  
SECRETARY OF STATE

**Name of Domestic Nonprofit Corporation**  
OREGON HEALTH CAREER CENTER

**Jurisdiction: OREGON**

**Nonprofit Type: Public Benefit**

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**

GARY WAPPES  
25195 SW PARKWAY AVE STE 204  
WILSONVILLE OR 97070

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

**1) Type of Business**

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

25195 SW PARKWAY AVE STE 204  
WILSONVILLE OR 97070

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

25195 SW PARKWAY AVE STE 204  
WILSONVILLE OR 97070

**4) President Name and Address**

GARY W WAPPES  
11688 SW PALERMO  
WILSONVILLE OR 97070

**5) Secretary Name and Address**

JOHN JORDAN  
10170 SW NIMBUS STE H-2  
TIGARD OR 97223

**6) Signature**

*[Handwritten Signature]*

**7) Printed Name**

*Gary Wappes*

**8) Date**

9/30/10

**9) Daytime Phone Number**

(503) 378-1327  
OREGON HEALTH CAREER CENTER

Make check payable to "Corporation Division" and mail Corporation Division, 255 Capitol ST NE Suite 151, Salem Note: You can also fax to (503) 378-4381. Filing fees may be and expiration date on a separate page for your protection.

