

# AMENDED ANNUAL REPORT



Corporation Division  
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**E-FILED**  
Dec 05, 2017  
**OREGON SECRETARY OF STATE**

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**REGISTRY NUMBER**

3256088

**REGISTRATION DATE**

01/15/1913

**BUSINESS NAME**

TRILLIUM FAMILY SERVICES, INC.

**BUSINESS ACTIVITY**

MENTAL AND BEHAVIORAL HEALTH CARE FOR CHILDREN

**MAILING ADDRESS**

3415 SE POWELL BLVD  
PORTLAND OR 97202 USA

**TYPE**

DOMESTIC NONPROFIT CORPORATION

**PRIMARY PLACE OF BUSINESS**

3415 SE POWELL BLVD  
PORTLAND OR 97202 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

KIM SCOTT

3415 SE POWELL BLVD  
PORTLAND OR 97202 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

**PRESIDENT**

MICHAEL LARSON

3415 SE POWELL BLVD  
PORTLAND OR 97202 USA

**SECRETARY**

SAVANNAH PAZ

3415 SE POWELL BLVD  
PORTLAND OR 97202 USA



By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

STEPHANIE WARNEKE

**TITLE**

COMMUNITY ENGAGEMENT DIRECTOR

**DATE SIGNED**

12-05-2017