

# AMENDED ANNUAL REPORT



Corporation Division  
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**E-FILED**  
Feb 03, 2023  
OREGON SECRETARY OF STATE

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**REGISTRY NUMBER**

574418

**REGISTRATION DATE**

01/21/1853

**BUSINESS NAME**

WILLAMETTE UNIVERSITY

**BUSINESS**

PRIVATE UNIVERSITY

**MAILING ADDRESS**

900 STATE ST  
SALEM OR 97301 USA

**TYPE**

DOMESTIC NONPROFIT CORPORATION

**PRIMARY PLACE OF BUSINESS**

900 STATE ST  
SALEM OR 97301 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

SHANA SECHRIST

900 STATE ST  
SALEM OR 97301 USA

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

**PRESIDENT**

STEPHEN E THORSETT

900 STATE ST  
SALEM OR 97301 USA

**SECRETARY**

SEAN O'HOLLAREN

900 STATE ST  
SALEM OR 97301 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. 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**

DANITA CHAPIN

**TITLE**

DIRECTOR OF RISK MANAGEMENT

**DATE**

02-03-2023