



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 **2006 ANNUAL REPORT** 

Registry Number: 309745-88

Date of Incorporation: 08/24/1992

Fee: \$50.00

Due Date: 08/24/2006

Type: DOMESTIC NONPROFIT CORPORATION

NATIONAL ASSOCIATION OF RESIDENTIAL ... 408 SE BASELINE HILLSBORO OR 97123

RE: NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS

Log on to our website www.filinginoregon.com/renew to review your Information and pay your annual report fee electronically.

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Fallure to submit this Annual Report payment by the due date will result in inactive status on our records.

Detach here and mail the coupon with your payment in the enclosed envelope.

MAINLANDER PROP MGMT

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Submit the original and one true copy 110,00

Registry Number:

309745-88



Corporation Division - Business Registry
Public Service Building
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 376-4381

THIS SPACE FOR OFFICE USE ONLY

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## ARTICLES OF AMENDMENT SECRETARY OF STATE Nonprofit Corporation

## PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

|                              | *   |  |                             |  |
|------------------------------|---|--|-----------------------------|--|
| 1. Name of the               | corporation prior to an   | nendment:                              |                             | *  |
| GREGION                      | PROPERTY WHOM   | GER'S ASSOCIATION                      | 2                           |  |
| amended to re<br>Article 1-1 | e sheet, please state to<br>ead.<br>Office Office<br>ent(s) was adopted or<br>identify the date of ac | tion of Resid                          | 194. (If more than          | ticle(s) as it is  Ly. Managero  one amendment |
| 4. Check the app             | propriate statement:  |  |                             |  |
| vote of                      | ership approval was not the board of directors ership approval was re                                 | s or incorporators.                    |                             |  |
|                              |   |  |                             |  |
| Class(es) entitled to vote   | Number of members<br>entitled to vote   | Number of votes<br>ehtitled to be cast | Number of votes<br>cast for | Number of votes<br>cast against                |
|                              | 18  | 18                                     | 14                          | -0   |
| Execution: Signa             | Sumoda  | Sue S<br>Printed                       | nima da<br>name             | Treasurer                                      |
| person to contact a          | bout this filing:   | Name Name                              | Daytin                      | ne phone number                                |
| EXPIRATION DATE              | S OR FAX TO (509) 378-49  |  | . SUBMIT THE COMPLET        | CARD NUMBER AND<br>TED FORM AND FEE TO         |
| 122 (7/93)                   |   |  | 7                           | ,  |
|                              |   |  |                             |  |

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