

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215501831

1.) CORPORATION NAME:

NORTHWEST EVALUATION ASSOCIATION

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1543190**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 121 NW EVERETT STREET

CITY/ST/ZIP: PORTLAND, OR 97209

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|-----------------|-----------------------|---|-----------------------------------|
| NAME: | MATTHEW CHAPMAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | P/CEO | | |
| ADDRESS: | 121 NW EVERETT STREET | | |
| CITY/ST/ZIP/CO: | PORTLAND, OR 97209 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | JEFF STRICKLER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 121 NW EVERETT STREET | | |
| CITY/ST/ZIP/CO: | PORTLAND, OR 97209 | | |

| | | | |
|-----------------|-----------------------|----------------------------------|--|
| NAME: | JIM ANGERMEYR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2258 WHISPERING TRAIL | | |
| CITY/ST/ZIP/CO: | EAGAN, MN 55122 | | |

| | | | |
|-----------------|--------------------|----------------------------------|--|
| NAME: | RONALD BLOCKER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 5318 FAYWOOD COURT | | |
| CITY/ST/ZIP/CO: | ORLANDO, FL 32819 | | |

| | | | |
|-----------------|---------------------|----------------------------------|--|
| NAME: | LYNN FIELDING | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 114 VISTA WAY | | |
| CITY/ST/ZIP/CO: | KENNEWICK, WA 98336 | | |

| | | | |
|-----------------|--------------------------|----------------------------------|--|
| NAME: | DARLENE HOOLEY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6122 SW RIVERPOINTE LANE | | |
| CITY/ST/ZIP/CO: | PORTLAND, OR 97239 | | |

| | | |
|--|---|----------|
| NAME: PHILIP STREIFER TITLE: DIRECTOR ADDRESS: 118 PERKINS ROAD CITY/ST/ZIP/CO: SANBORNTON, NH 03266 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: BRENDA TANNER TITLE: DIRECTOR ADDRESS: 1144 MEANDER RUN ROAD CITY/ST/ZIP/CO: LOCUST DALE, VA 22948 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: JOSEPH WISE TITLE: DIRECTOR ADDRESS: 772 OCEAN PALM WAY CITY/ST/ZIP/CO: ST AUGUSTINE, FL 32080 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: KENNETH WONG TITLE: DIRECTOR ADDRESS: 340 BROOK STREET CITY/ST/ZIP/CO: PROVIDENCE, RI 02912 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | |
| /s/ MATTHEW CHAPMAN | MATTHEW CHAPMAN, P/CEO | 1/6/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |