

1.) CORPORATION NAME:

Eid Passport, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1597394**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	80,000,000
PREFA	11,000,000
PREFB	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5800 NW PINEFARM PLACE

CITY/ST/ZIP: HILLSBORO, OR 97124

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.

<p>NAME: JAMES ROBELL TITLE: PRESIDENT ADDRESS: 5800 NW Pinefarm PL CITY/ST/ZIP/CO: Hillsboro, OR 97124</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ALLAN FULSHER TITLE: SECRETARY ADDRESS: PO BOX 92096 CITY/ST/ZIP/CO: PORTLAND, OR 97292</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CATHY STURTEVANT TITLE: VICE PRESIDENT ADDRESS: 28690 SW MEADOWS LOOP CITY/ST/ZIP/CO: WILSONVILLE, OR 97070</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVE LARSON TITLE: CHAIRMAN ADDRESS: 2057 RIVERKNOLL CT CITY/ST/ZIP/CO: WEST LINN, OR 97068</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: B.G. BUDDY BECK TITLE: DIRECTOR ADDRESS: 10601 SHADOW LANE CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TOM COLLINS TITLE: DIRECTOR ADDRESS: 6308 WISCASSET ROAD CITY/ST/ZIP/CO: BETHESDA, MD 20816</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH "ED" EBERHART DIRECTOR 909 N WASHINGTON ST ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAY HUMPHREY DIRECTOR 902 9TH AVE SOUTH NAPLES, FL 34102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM NEWTON DIRECTOR 660 E BROADWAY PO BOX 14670 JACKSON, WY 83002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM RIDGE DIRECTOR 1101 16TH ST NW, SUITE 308 WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sean Sullivan TREASURER 147 Del Prado Lake Oswego, OR 97035	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Greg Priddy DIRECTOR 2023 Lincoln St. Evanston, IL 60201	<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/ Sean Sullivan	Sean Sullivan, TREASURER	9/20/2013
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.