

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214546869

1.) CORPORATION NAME:

**Eid Passport, Inc.**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1597394**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	80,000,000
PREF A	11,000,000
PREF B	5,000,000

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: 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: SEAN SULLIVAN TITLE: TREASURER ADDRESS: 147 DEL PRADO CITY/ST/ZIP/CO: LAKE OSWEGO, OR 97035</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: 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: 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

NAME: TOM COLLINS TITLE: DIRECTOR ADDRESS: 6308 WISCASSET ROAD CITY/ST/ZIP/CO: BETHESDA, MD 20816	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RALPH "ED" EBERHART TITLE: DIRECTOR ADDRESS: 909 N WASHINGTON ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RAY HUMPHREY TITLE: DIRECTOR ADDRESS: 902 9TH AVE SOUTH CITY/ST/ZIP/CO: NAPLES, FL 34102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM NEWTON TITLE: DIRECTOR ADDRESS: 660 E BROADWAY PO BOX 14670 CITY/ST/ZIP/CO: JACKSON, WY 83002	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GREG PRIDDY TITLE: DIRECTOR ADDRESS: 2023 LINCOLN ST. CITY/ST/ZIP/CO: EVANSTON, IL 60201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TOM RIDGE TITLE: DIRECTOR ADDRESS: 1101 16TH ST NW, SUITE 308 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<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
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE
	10/17/2014
	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.	