

Handwritten circled 'H' and 'C'.



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

Handwritten: \$239.15-02

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.

You can still pay your annual fee through the mail by submitting the coupon below. When paying by mail please use the envelope provided.

If your information is not current you may obtain the appropriate "Amendment to Annual Report" form to update the information by calling (503) 986-2200 or download from our website www.filinginoregon.com and clicking on Forms, Fees & Publications.

Failure to keep current information on file may lead to important forms from this office and other government agencies being sent to the wrong address.

Failure 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.

HC

Submit the original and one true copy \$170.00

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) 378-4381

THIS SPACE FOR OFFICE USE ONLY

FILED
JAN 12 1995

ARTICLES OF AMENDMENT SECRETARY OF STATE
Nonprofit Corporation

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1. Name of the corporation prior to amendment:

OREGON PROPERTY MANAGERS ASSOCIATION

2. On a separate sheet, please state the article number(s) and set forth the article(s) as it is amended to read.

Article 1 - National Association of Residential Property Managers

3. The amendment(s) was adopted on March 18, 19 94. (If more than one amendment was adopted, identify the date of adoption of each amendment.)

4. Check the appropriate statement:

[] Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

[x] Membership approval was required. The membership vote was as follows:

Table with 5 columns: Class(es) entitled to vote, Number of members entitled to vote, Number of votes entitled to be cast, Number of votes cast for, Number of votes cast against. Handwritten values: 18, 18, 14, 0.

Execution: Sue Shimada (Signature), Sue Shimada (Printed name), Treasurer (Title)

Person to contact about this filing: Sue Shimada (Name), 635-7944 (Daytime phone number)

MAKE CHECKS PAYABLE TO THE CORPORATION DIVISION OR INCLUDE YOUR VISA OR MASTERCARD NUMBER AND EXPIRATION DATE. SUBMIT THE COMPLETED FORM AND FEE TO THE ABOVE ADDRESS OR FAX TO (503) 378-4381.