

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004434

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: AELRX, INC.

## Current Principal Place of Business:

440 FIRST ST.  
LAKE OSWEGO, OR 97034

## New Principal Place of Business:

TWO CENTERPOINTE DRIVE  
SUITE 585  
LAKE OSWEGO, OR 97035

## Current Mailing Address:

440 FIRST ST.  
LAKE OSWEGO, OR 97034

## New Mailing Address:

TWO CENTERPOINTE DRIVE  
SUITE 585  
LAKE OSWEGO, OR 97035

FEI Number: 75-2609077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: TOWERY, KEVIN  
Address: 440 FIRST ST.  
City-St-Zip: LAKE OSWEGO, OR 97034

Title: VPT ( ) Delete  
Name: METCALF, JOHN  
Address: 440 FIRST ST.  
City-St-Zip: LAKE OSWEGO, OR 97034

Title: CFO (X) Delete  
Name: METCALF, JOHN  
Address: 440 FIRST ST.  
City-St-Zip: LAKE OSWEGO, OR 97034

Title: DS ( ) Delete  
Name: LEA, SARA  
Address: 440 FIRST ST.  
City-St-Zip: LAKE OSWEGO, OR 97034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: TOWERY, KEVIN  
Address: TWO CENTERPOINTE DRIVE, SUITE 585  
City-St-Zip: LAKE OSWEGO, OR 97035

Title: CONT (X) Change ( ) Addition  
Name: MCLEOD, JODI  
Address: TWO CENTERPOINTE DRIVE, SUITE 585  
City-St-Zip: LAKE OSWEGO, OR 97035

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: LEA, SARA  
Address: TWO CENTERPOINTE DRIVE, SUITE 585  
City-St-Zip: LAKE OSWEGO, OR 97035

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODI MCLEOD

CONT

07/02/2004

Electronic Signature of Signing Officer or Director

Date