

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001627

FILED
Jun 13, 2012
Secretary of State

Entity Name: PROGENIKA, INC.

Current Principal Place of Business:

200 RIVERS EDGE DR.
MEDFORD, MA 02155

New Principal Place of Business:

Current Mailing Address:

200 RIVERS EDGE DR.
MEDFORD, MA 02155

New Mailing Address:

FEI Number: 20-8311054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: D
Name: RETOLAZA VILLACHICA, JUAN M
Address: PARQUE TECNOLOGICO DE BIZKAIA-48160
City-St-Zip: DERIO-VICAYA-SPAIN,

Title: D
Name: MARTINEZ, ANTONIO M
Address: PARQUE TECNOLOGICO DE BIZKAIA-48160
City-St-Zip: DERIO-VICAYA-SPAIN,

Title: D
Name: BUELA, LAUREANO S
Address: PARQUE TECNOLOGICO DE BIZKAIA-48160
City-St-Zip: DERIO-VICAYA-SPAIN,

Title: D
Name: PERIS, JAVIER
Address: PARQUE TECNOLOGICO DE BIZKAIA-48160
City-St-Zip: DERIO-VICAYA-SPAIN,

Title: D
Name: OLMEDO, MAURO
Address: PARQUE TECNOLOGICO DE BIZKAIA-48160
City-St-Zip: DERIO-VICAYA-SPAIN,

Title: D
Name: ORBEGOZO, RAFAEL
Address: PARQUE TECNOLOGICO DE BIZKAIA-48160
City-St-Zip: DERIO-VICAYA-SPAIN,

I hereby 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 all other like empowered.

SIGNATURE: ANDER CABALLERO

COO

06/13/2012

Electronic Signature of Signing Officer or Director

Date