

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049601

Entity Name: CRAY'S INC.**Current Principal Place of Business:**4649 CLYDE MORRIS BLVD
SUITE 611
PORT ORANGE, FL 32129**Current Mailing Address:**301 WALK VIEW CT
APOPKA, FL 32703**FEI Number:** 20-4647632**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, AMRISH
301 WALK VIEW CT
APOPKA, FL 32703 US*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**Officer/Director Detail :**Title PD
Name PATEL, AMRISH
Address 301 WALK VIEW CT
City-State-Zip: APOPKA FL 32703Title VPD
Name PATEL, RANNA
Address 301 WALK VIEW CT
City-State-Zip: APOPKA FL 32703Title TD
Name PATEL, MAYUR
Address 301 WALK VIEW CT
City-State-Zip: APOPKA FL 32703Title SD
Name PATEL, NILESH
Address 301 WALK VIEW CT
City-State-Zip: APOPKA FL 32703

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: AMRISH PATEL**PRESIDENT****04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date