

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006318

Entity Name: DTX INC.**Current Principal Place of Business:**1800 PENN ST.
STE. 1
MELBOURNE, FL 32901**Current Mailing Address:**1800 PENN ST.
STE. 1
MELBOURNE, FL 32901**FEI Number:** 35-2191025**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301-2525 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 DIRECTOR, CHAIRMAN
Name POLINER, RANDALL E
Address 9999 NE 2ND AVENUE
City-State-Zip: MIAMI SHORES FL 33138

Title DIRECTOR
Name PRUITT, JAMES
Address 2960 NORTH RIVERSIDE DRIVE
City-State-Zip: INDIALANTIC FL 32903

Title PRESIDENT, CEO
Name STIRTZINGER, TODD E
Address 1800 PENN ST.
STE. 1
City-State-Zip: MELBOURNE FL 32901

Title CFO
Name MANUEL, KEVIN R
Address 1800 PENN ST.
STE. 1
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY
Name GAROFALO, EUGENE R
Address 1800 PENN ST.
STE. 1
City-State-Zip: MELBOURNE FL 32901

Title TREASURER
Name BUTLER, DANIEL L
Address 1800 PENN ST.
STE. 1
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name O'DONNELL, JOSEPH M
Address 3681 CARLTON PLACE
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name NAKAO, HIROSHI
Address 3-9-31, HIMESATO, NISHIYODOGAWA-KU
City-State-Zip: OSAKA JAPA 555-0025

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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: KEVIN MANUEL

CFO

02/14/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHIMAKAWA, KATSUhide
Address 3-9-31, HIMESATO, NISHIYODOGAWA-KU
City-State-Zip: OSAKA JAPAN 555-0025

Title DIRECTOR
Name UENAKA, SHINJI
Address 3-9-31, HIMESATO, NISHIYODOGAWA-KU
City-State-Zip: OSAKA JAPAN 555-0025

Title DIRECTOR
Name ISHIKAWA, HIDEKI
Address 3-9-31, HIMESATO, NISHIYODOGAWA-KU
City-State-Zip: OSAKA JAPAN 555-0025