

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002510

Entity Name: PICTOMETRY INTERNATIONAL CORP.**Current Principal Place of Business:**100 TOWN CENTRE DRIVE, SUITE A
ROCHESTER, NY 14623**Current Mailing Address:**100 TOWN CENTRE DRIVE, SUITE A
ROCHESTER, NY 14623**FEI Number: 16-1595473****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	ASSISTANT SECRETARY
Name	JACOBS, RICHARD E
Address	100 TOWN CENTRE DRIVE, SUITE A
City-State-Zip:	ROCHESTER NY 14623

Title	VP
Name	SALPINI, LINDA K
Address	100 TOWN CENTRE DRIVE, SUITE A
City-State-Zip:	ROCHESTER NY 14623

Title	V
Name	ZOLTEK, MICHAEL J
Address	100 TOWN CENTRE DRIVE
City-State-Zip:	ROCHESTER NY 14623

Title	PRESIDENT / CEO / DIRECTOR
Name	BARROW, CHRISTOPHER
Address	3700 MONTE VILLA PKWY, STE 200
City-State-Zip:	BOTHELL WA 98021

Title	SECRETARY / TREASURER
Name	POLCHIN, JOHN
Address	3700 MONTE VILLA PKWY, STE 200
City-State-Zip:	BOTHELL WA 98021

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: LINDA K SALPINI**SVP FINANCE****01/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date