

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000450

Entity Name: INRIX, INC.**Current Principal Place of Business:**10210 NE POINTS DR
SUITE 400
KIRKLAND, WA 98033**Current Mailing Address:**10210 NE POINTS DR
SUITE 400
KIRKLAND, WA 98033 US**FEI Number:** 20-1296081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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 CEO
Name MISTELE, BRYAN P
Address 10210 NE POINTS DRIVE
SUITE 400
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name ASCHER, BRIAN
Address 10210 NE POINTS DR
SUITE 400
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name IRVINE, DIANE
Address 10210 NE POINTS DR
SUITE 400
City-State-Zip: KIRKLAND WA 98033

Title SECRETARY
Name LARSEN, BROOKS
Address 10210 NE POINTS DR
SUITE 400
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name AGARWAL, AJAY
Address 10210 NE POINTS DR
SUITE 400
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name VANDERMEULEN, KENDRA
Address 10210 NE POINTS DR
SUITE 400
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name JOHNSTON, JOHN
Address 10210 NE POINTS DR
SUITE 400
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name GERLING, MIKE
Address 10210 NE POINTS DR
SUITE 400
City-State-Zip: KIRKLAND WA 98033

Continues on page 2

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: BRYAN MISTELE

CEO

03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POSAWATZ, TONY
Address 10210 NE POINTS DR
SUITE 400
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name VON HAGEN, PHILIPP
Address 10210 NE POINTS DR
SUITE 400
City-State-Zip: KIRKLAND WA 98033