

**2018 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 AGARWAL, AJAY  
Address 10210 NE POINTS DR  
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 VANDERMEULEN, KENDRA  
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 DIRECTOR  
Name JOHNSTON, JOHN  
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 GERLING, MIKE  
Address 10210 NE POINTS DR  
SUITE 400  
City-State-Zip: KIRKLAND WA 98033

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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: BROOKS LARSEN****SECRETARY****06/29/2018**

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