

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000450

Entity Name: INRIX, INC.**Current Principal Place of Business:**10210 NE POINTS DR. SUITE 300
KIRKLAND, WA 98033**Current Mailing Address:**10210 NE POINTS DR. SUITE 300
KIRKLAND, WA 98033**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 STE 300
City-State-Zip: KIRKLAND WA 98033

Title D
Name CHAPMAN, CRAIG H
Address 10210 NE POINTS DR. SUITE 300
City-State-Zip: KIRKLAND WA 98033

Title D
Name ASCHER, BRIAN
Address 10210 NE POINTS DR. SUITE 300
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name VANDERMEULEN, KENDRA
Address 10210 NE POINTS DR. SUITE 300
City-State-Zip: KIRKLAND WA 98033

Title D
Name AGARWAL, AJAY
Address 10210 NE POINTS DR. SUITE 300
City-State-Zip: KIRKLAND WA 98033

Title D
Name EIGSTI, ROGER
Address 10210 NE POINTS DR. SUITE 300
City-State-Zip: KIRKLAND WA 98033

Title CFO
Name GATES, SAUL M
Address 10210 NE POINTS DR. SUITE 300
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name IRVINE, DIANE
Address 10210 NE POINTS DR. SUITE 300
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: SAUL M GATES

CFO

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSTONE, JOHN
Address 10210 NE POINTS DR. SUITE 300
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name CONNORS, JOHN
Address 10210 NE POINTS DR. SUITE 300
City-State-Zip: KIRKLAND WA 98033