

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001399

**Entity Name:** TRIMEDX, INC.

**Current Principal Place of Business:**

5451 LAKEVIEW PARKWAY S. DRIVE  
INDIANAPOLIS, IN 46268

**Current Mailing Address:**

5451 LAKEVIEW PARKWAY S. DRIVE  
INDIANAPOLIS, IN 46268

**FEI Number:** 46-0563336

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
115 NORTH CALHOUN ST., SUITE 4  
TALLAHASSEE, FL 32301 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 MEMBER  
Name MCGEATH, TIMOTHY  
Address 5451 LAKEVIEW PARKWAY S. DRIVE  
City-State-Zip: INDIANAPOLIS IN 46268

Title MEMBER  
Name RANGER, GREGORY A.  
Address 3440 WEST BALTIMORE WOODLAND  
City-State-Zip: MONROVIA IN 46157

Title MEMBER  
Name FANELLI, JAMES  
Address 5451 LAKEVIEW PARKWAY S. DRIVE  
City-State-Zip: INDIANAPOLIS IN 46268

Title COO  
Name HOCKEL, DALE  
Address 5451 LAKEVIEW PARKWAY S. DRIVE  
City-State-Zip: INDIANAPOLIS IN 46268

*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:** TIMOTHY MCGEATH

MEMBER

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date