

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000003803

Entity Name: LUMINEX SOFTWARE, INC.**Current Principal Place of Business:**871 MARLBOROUGH AVE, STE 100
RIVERSIDE, CA 92507**Current Mailing Address:**PO BOX 5908
RIVERSIDE, CA 92517-5908 US**FEI Number: 33-0614307****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FRARY, JASON
15112 CRAGGY CLIFF ST
TAMPA, FL 33625 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	CFO
Name	HAWLEY, BRIAN
Address	871 MARLBOROUGH AVE, STE 100
City-State-Zip:	RIVERSIDE CA 92507

Title	CTO
Name	HAWLEY, BRIAN
Address	871 MARLBOROUGH AVE, STE 100
City-State-Zip:	RIVERSIDE CA 92507

Title	DP
Name	SAUNDERS, MICHAEL
Address	871 MARLBOROUGH AVE, STE 100
City-State-Zip:	RIVERSIDE CA 92507

Title	DCEO
Name	TOLSMA, ARTHUR
Address	871 MARLBOROUGH AVE, STE 100
City-State-Zip:	RIVERSIDE CA 92507

Title	C
Name	HAWLEY, BRIAN N
Address	871 MARLBOROUGH AVE, STE 100
City-State-Zip:	RIVERSIDE CA 92507

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: BRIAN HAWLEY**CFO/CTO****04/04/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date