

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003744

Entity Name: PEAK-RYZEX,INC.**Current Principal Place of Business:**10300 OLD COLUMBIA RD
COLUMBIA, MD 21046**Current Mailing Address:**10300 OLD COLUMBIA RD
COLUMBIA, MD 21046**FEI Number:** 36-3149386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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	P, D
Name	YOUNG, ROSS
Address	10330 OLD COLUMBIA RD
City-State-Zip:	COLUMBIA MD 21046

Title	SEC
Name	CHUNG, BRIAN
Address	155 N WACKER DR #4150
City-State-Zip:	CHICAGO IL 60606

Title	TREA
Name	ADAMS, MICHELE
Address	10330 OLD COLUMBIA RD
City-State-Zip:	COLUMBIA MD 21046

Title	DIR
Name	GREER, DAVID
Address	155 N WACKER DR #4150
City-State-Zip:	CHICAGO IL 60606

Title	DIR
Name	DAUTEN, KENT
Address	155 N WACKER DR #4150
City-State-Zip:	CHICAGO IL 60606

Title	DIR
Name	GWILLIAM, SCOTT
Address	155 N WACKER DR #4150
City-State-Zip:	CHICAGO IL 60606

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: MICHELE ADAMS**TREASURER****04/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date