

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 323631

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: TRANSCONEX INCORPORATED

## Current Principal Place of Business:

2600 LLOYD ROAD  
JACKSONVILLE, FL 32254 US

## New Principal Place of Business:

## Current Mailing Address:

450 SHATTUCK AVE S  
401  
RENTON, WA 98055

## New Mailing Address:

FEI Number: 59-1198776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: LEPAGE, JEFFREY  
Address: 450 SHATTUCK AVE S STE 401  
City-St-Zip: RENTON, WA 98055

Title: P ( ) Delete  
Name: LEPAGE, MATTHEW J  
Address: 450 SHATTUCK AVE S STE 401  
City-St-Zip: RENTON, WA 98055

Title: T ( ) Delete  
Name: BROWN, BRUCE  
Address: 450 SHATTUCK AVE S STE 401  
City-St-Zip: RENTON, WA 98055

Title: VP ( ) Delete  
Name: JACOBSON, TIMOTHY  
Address: 450 SHATTUCK AVE S STE 401  
City-St-Zip: RENTON, WA 98055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANE OLSEN

ADMI

04/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date