2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000480

Entity Name: EMPIRIX INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
				20 CROSBY DR BEDFORD, MA 01730			
Current Mailing Address:				New Mailing Address:			
1430 MAIN STREET WALTHAM, MA 02451				20 CROSBY DR BEDFORD, MA 01730			
FEI Number: 04-3530061 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name and Address of New 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							
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND						CERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D'ARBELOFF, A	SETTS AVE., BLDG. 5, ROOM 205		Title: Name: Address: City-St-Zip:	(() Change() Addition
Title: Name: Address: City-St-Zip:	PD () GOLDFINGER, I 1430 MAIN STR WALTHAM, MA	EET		Title: Name: Address: City-St-Zip:	PD (GOLDFINGEI 20 CROSBY BEDFORD, M	DRIVE) Addition
Title: Name: Address: City-St-Zip:	D () DEYSHER, CYN 28 GUZZLE BRO SUDBURY, MA	DOK DRIVE		Title: Name: Address: City-St-Zip:	(() Change() Addition
Title: Name: Address: City-St-Zip:	BARROWS, TIM	STREET, SUITE 4500		Title: Name: Address: City-St-Zip:	(() Change() Addition
Title: Name: Address: City-St-Zip:	GUTTAG, JOHN	Delete .VE., BLDG. 38, ROOM 401 IA 02139		Title: Name: Address: City-St-Zip:	D (ROBBINS, ON 199 COUNTR SUDBURY, M	Y DRIVE) Addition
Title: Name: Address: City-St-Zip:	FERRI, PAUL	Delete STREET, SUITE 4500 02451		Title: Name: Address: City-St-Zip:	(() Change() Addition
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD GOLDFINGER PD 04/29/2005