

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003839

FILED
Jan 26, 2010
Secretary of State

Entity Name: CLARIENT, INC.

Current Principal Place of Business:

31 COLUMBIA
ALISO VIEJA, CA 92656

New Principal Place of Business:

31 COLUMBIA
ALISO VIEJO, CA 92656

Current Mailing Address:

31 COLUMBIA
ALISO VIEJA, CA 92656

New Mailing Address:

31 COLUMBIA
ALISO VIEJO, CA 92656

FEI Number: 75-2649072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: COB
Name: DATIN, JAMES A
Address: 31 COLUMBIA
City-St-Zip: ALISO VIEJO, CA 92656

Title: CEO
Name: ANDREWS, RONALD A
Address: 31 COLUMBIA
City-St-Zip: ALISO VIEJO, CA 92656

Title: VCFO
Name: RODRIGUEZ, MICHAEL R
Address: 31 COLUMBIA
City-St-Zip: ALISO VIEJO, CA 92656

Title: CMD
Name: BLOOM, KENNETH MD
Address: 31 COLUMBIA
City-St-Zip: ALISO VIEJO, CA 92656

Title: VCOO
Name: PELLINI, MICHAEL J MD
Address: 31 COLUMBIA
City-St-Zip: ALISO VIEJO, CA 92656

Title: VP
Name: DALY, DAVID J
Address: 31 COLUMBIA
City-St-Zip: ALISO VIEJO, CA 92656

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: MICHAEL RODRIGUEZ

VCFO

01/26/2010

Electronic Signature of Signing Officer or Director

_____ Date