


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90020 001 ***150.00

DOCUMENT # F01000004926	
1. Entity Name INTEGRIS INC.	

Principal Place of Business 296 CONCORD ROAD SUITE #180 BILLERICA, MA 01821	Mailing Address 296 CONCORD ROAD SUITE #180 BILLERICA, MA 01821
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DO NOT WRITE IN THIS SPACE

40071100



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3574101	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BURBANK, JONATHAN 296 CONCORD ROAD SUITE #180 BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMTOB, PATRICK RUE JEAN JAURES LES CLAYES-SOUS-BOIS, FR 78430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADBURY, DAVID 296 CONCORD ROAD SUITE #180 BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOYAU, CHRISTIAN RUE JEAN JAURES LES CLAYES SOUS BOIS, FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OGLE, KURT 296 CONCORD ROAD SUITE #180 BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Kurt A. Ogle	Secretary	April 1, 2008
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>