

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90169 048 \*\*\*150.00

**DOCUMENT # F02000002198**

1. Entity Name  
PARAMETRIX, INC.



Principal Place of Business  
1231 FRYAR AVENUE  
SUMNER, WA 98390

Mailing Address  
925 FOURTH AVENUE  
2900  
SEATTLE, WA 98104

**20048353**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

91-0914810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete  
NAME JONES, GERALD R  
STREET ADDRESS 1231 FRYAR AVENUE  
CITY-ST-ZIP SUMNER, WA 98390

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME DIANE LENIUS  
STREET ADDRESS 1231 FRYAR AVE  
CITY-ST-ZIP SUMNER, WA 98390

TITLE VD ☐ Delete  
NAME PEACOCK, JEFF  
STREET ADDRESS 1231 FRYAR AVENUE  
CITY-ST-ZIP SUMNER, WA 98390

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME FRANK S. BOHLER  
STREET ADDRESS 701 FIFTH AVE, SUITE 5001  
CITY-ST-ZIP SEATTLE, WA 98104-1018

TITLE VSD ☐ Delete  
NAME SEARS, MEL  
STREET ADDRESS 1231 FRYAR AVENUE  
CITY-ST-ZIP SUMNER, WA 98390

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME EDWARD J. REEVE  
STREET ADDRESS 1231 FRYAR AVE  
CITY-ST-ZIP SUMNER, WA 98390

TITLE T ☐ Delete  
NAME BROWN, DARLENE  
STREET ADDRESS 1231 FRYAR AVENUE  
CITY-ST-ZIP SUMNER, WA 98390

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME ALLEN E. SIMINGTON  
STREET ADDRESS 1502 5TH AVE NE  
CITY-ST-ZIP SEATTLE, WA 98115

TITLE D ☐ Delete  
NAME DALRYMPLE, WAITE  
STREET ADDRESS 1231 FRYAR AVENUE  
CITY-ST-ZIP SUMNER, WA 98390

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME DARYL WENDLE  
STREET ADDRESS 1231 FRYAR AVE  
CITY-ST-ZIP SUMNER, WA 98390

TITLE D ☒ Delete  
NAME GILBERT, STEVEN C  
STREET ADDRESS 1231 FRYAR AVENUE  
CITY-ST-ZIP SUMNER, WA 98390

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME JAMES GOOD  
STREET ADDRESS 1231 FRYAR AVE  
CITY-ST-ZIP SUMNER, WA 98390

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Darlene L Brown* DARLENE L BROWN

3/22/05

253.863.5128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #