



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		03292006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 91-0914810	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="text-align: right;">U000000510640 04/29/06-80014-023 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JONES, GERALD R 1231 FRYAR AVENUE SUMNER, WA 98390		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEACOCK, JEFF 1231 FRYAR AVENUE SUMNER, WA 98390		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEARS, MEL 1231 FRYAR AVENUE SUMNER, WA 98390		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, DARLENE 1231 FRYAR AVENUE SUMNER, WA 98390		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALRYMPLE, WAITE 1231 FRYAR AVENUE SUMNER, WA 98390		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LENIUS, DIANE 1231 FRYAR AVENUE SUMNER, WA 98390		
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: <u>Darlene L Brown</u>		Date: <u>3-31-06</u> Daytime Phone #: <u>253.863.5128</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			