

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90008 045 ***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																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 1002 15th ST, SW		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc. Suite #220		Suite, Apt. #, etc.																																																																																																																																																									
City & State AUBURN, WA		City & State		4. FEI Number 91-0914810																																																																																																																																																							
Zip 98001		Country USA		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			7. Name and Address of New Registered Agent 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 _____ <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, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PCEO</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">VICE PRESIDENT</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">JONES, GERALD R</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ROBIN McMANIS</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1231 FRYAR AVENUE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1002 15th ST SW, SUITE 220</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">SUMNER, WA 98390</td> 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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: <u>Darlene L Brown</u> <u>Darlene L Brown</u> <u>3/13/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											