

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004785

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: RELION, INC.

## Current Principal Place of Business:

15913 E. EUCLID AVE.  
SPOKANE, WA 99216

## New Principal Place of Business:

## Current Mailing Address:

15913 E. EUCLID AVE.  
SPOKANE, WA 99216

## New Mailing Address:

FEI Number: 91-2191190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: C  
Name: SHERMAN, MICHAEL  
Address: 15913 E. EUCLID AVE.  
City-St-Zip: SPOKANE, WA 99216

Title: VP  
Name: GRIMES, MARK  
Address: 15913 E. EUCLID AVE.  
City-St-Zip: SPOKANE, WA 99216

Title: CFO  
Name: BAUMKER, JAMES  
Address: 15913 E. EUCLID AVE.  
City-St-Zip: SPOKANE, WA 99216

Title: VP  
Name: BLANCHARD, JOE  
Address: 15913 E. EUCLID AVE.  
City-St-Zip: SPOKANE, WA 99216

Title: CEO  
Name: FLOOD, GARY  
Address: 15913 E EUCLID AVE  
City-St-Zip: SPOKANE, WA 99216

Title: S  
Name: ALLEN, CHRISTIE  
Address: 15913 E. EUCLID AVE.  
City-St-Zip: SPOKANE, WA 99216

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: CHRISTIE ALLEN

S

02/16/2010

Electronic Signature of Signing Officer or Director

Date