

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007128

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** RALLY MARKETING GROUP, INC.

**Current Principal Place of Business:**

800 MAYNARD AVENUE SOUTH, STE 100  
SEATTLE, WA 98134 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 MAYNARD AVENUE SOUTH, STE 100  
SEATTLE, WA 98134 US

**New Mailing Address:**

**FEI Number:** 91-1178923      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** SCHERER, GILBERT  
**Address:** 800 MAYNARD AVENUE SOUTH, STE 100 SEATTLE  
**City-St-Zip:** SEATTLE, WA 98134 US

**Title:** S  
**Name:** GELFAND, DOUG  
**Address:** 800 MAYNARD AVENUE SOUTH, STE 100 SEATTLE  
**City-St-Zip:** SEATTLE, DC 98134 US

**Title:** P  
**Name:** CLARKE, LISA  
**Address:** 800 MAYNARD AVENUE SOUTH, STE 100 SEATTLE  
**City-St-Zip:** SEATTLE, WA 98134 US

**Title:** T  
**Name:** GELFAND, DOUGLAS  
**Address:** 800 MAYNARD AVENUE SOUTH, STE 100  
**City-St-Zip:** SEATTLE, WA 98134 US

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: DOUG GELFAND

T

04/20/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date