

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000334

Entity Name: IN-SITU, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

221 EAST LINCOLN AVENUE
FORT COLLINS, CO 805242533

New Principal Place of Business:

Current Mailing Address:

221 EAST LINCOLN AVENUE
FORT COLLINS, CO 805242533

New Mailing Address:

FEI Number: 83-0245889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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 () Delete
Name: MCKEE, CHRISTOPHER
Address: 303 E PLUM STREET
City-St-Zip: FORT COLLINS, CO 80524

Title: DS () Delete
Name: MCKEE, CRAIG
Address: 3439 GOLDEN CURRANT BLVD.
City-St-Zip: FORT COLLINS, CO 80521

Title: CEO () Delete
Name: BLYTHE, ROBERT
Address: 221 EAST LINCOLN AVENUE
City-St-Zip: FORT COLLINS, CO 80526

Title: VP () Delete
Name: BENNETT, SCOTT
Address: 525 SKYSAIL LANE
City-St-Zip: FT. COLLINS, CO 80525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDY SHANER

ACCT

04/30/2008

Electronic Signature of Signing Officer or Director

Date