

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000385

FILED
Jun 10, 2008
Secretary of State

Entity Name: PACIFIC BIOSCIENCE LABORATORIES, INC.

Current Principal Place of Business:

13222 SE 30TH STREET
SUITE A-1
BELLEVUE, WA 98005

New Principal Place of Business:

Current Mailing Address:

13222 SE 30TH STREET
SUITE A-1
BELLEVUE, WA 98005

New Mailing Address:

FEI Number: 91-2098919

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: DCEO () Delete
Name: GIULLANI, DAVID
Address: 13222 SE 30TH STREET
City-St-Zip: BELLEVUE, WA 98005

Title: VD () Delete
Name: AKRIDGE, ROBERT
Address: 13222 SE 30TH STREET
City-St-Zip: BELLEVUE, WA 98005

Title: D () Delete
Name: PLLCHER, KENNETH ALLEN
Address: 13222 SE 30TH STREET
City-St-Zip: BELLEVUE, WA 98005

Title: DCOO () Delete
Name: STULL, MICHAEL D
Address: 13222 SW 30TH ST
City-St-Zip: BELLEVUE, WA 98005

Title: D () Delete
Name: GALLAGEHER, JACK
Address: 13222 SE 30TH ST
City-St-Zip: BELLEVUE, WA 98005

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:

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: DOUGLAS BILDERBACK

CONT

06/10/2008

Electronic Signature of Signing Officer or Director

_____ Date