


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90412 026 ***150.00

DOCUMENT # F05000005924 1. Entity Name QSENT, INC.			
Principal Place of Business 926 NW 13TH AVENUE, SUITE 210 PORTLAND, OR 97209		Mailing Address 926 NW 13TH AVENUE, SUITE 210 PORTLAND, OR 97209	
2. Principal Place of Business <i>4145 SW Watson</i> Suite, Apt. #, etc. <i>Ste 400</i> City & State <i>Beaverton, OR</i> Zip <i>97005</i> Country <i>USA</i>		3. Mailing Address <i>4145 SW Watson</i> Suite, Apt. #, etc. <i>Suite 400</i> City & State <i>Beaverton, OR</i> Zip <i>97005</i> Country <i>USA</i>	
4. FEI Number 93-1262983		Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COX, PATRICK M 926 NW 13TH AVENUE, SUITE 210 PORTLAND, OR 97209	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO CRUICKSHANK, SCOTT 926 NW 13TH AVENUE, SUITE 210 PORTLAND, OR 97209	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ANDERSON, KEVIN S 926 NW 13TH AVENUE, SUITE 210 PORTLAND, OR 97209	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GARBAYO, FRANCISCO E 926 NW 13TH AVENUE, SUITE 210 PORTLAND, OR 97209	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GREENE, RICHARD J 926 NW 13TH AVENUE, SUITE 210 PORTLAND, OR 97209	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WASSERMAN, LAWRENCE S 926 NW 13TH AVENUE, SUITE 210 PORTLAND, OR 97209	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>4145 SW Watson, Suite 400 Beaverton, OR 97005</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Please see attached for additional Directors			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>4145 SW Watson, Suite 400 Beaverton, OR 97005</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>4145 SW Watson, Suite 400 Beaverton, OR 97005</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lawrence S Wasserman</i>		4-18-06 503-372-7005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT
40059651
F05000005924

Qsent, Inc.
Board of Directors

Management

Patrick M. Cox

Outside Board Members

Enrique Godreau III

Voyager Capital Fund I LP

David Walrod

Oak Investment Partners

Dan Levitan

Maveron

Mike Gorsage

no other affiliation

All board members can be addressed at:

4145 SW Watson, Suite 400

Beaverton, OR 97005