

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006338

Entity Name: KEY TECHNOLOGY, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

150 AVERY ST
WALLA WALLA, WA 99362

New Principal Place of Business:

Current Mailing Address:

150 AVERY ST
WALLA WALLA, WA 99362

New Mailing Address:

FEI Number: 93-0822509

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: D () Delete
Name: SHANNON, MICHAEL L
Address: 150 AVERY ST
City-St-Zip: WALLA WALLA, WA 99362

Title: PCEO () Delete
Name: CAMP, DAVID M
Address: 150 AVERY ST
City-St-Zip: WALLA WALLA, WA 99362

Title: D () Delete
Name: PELO, JOHN E
Address: 150 AVERY ST
City-St-Zip: WALLA WALLA, WA 99362

Title: D () Delete
Name: WASHBURN, DONALD A
Address: 150 AVERY ST
City-St-Zip: WALLA WALLA, WA 99362

Title: D () Delete
Name: STONECIPHER, CHARLES H
Address: 150 AVERY ST
City-St-Zip: WALLA WALLA, WA 99362

Title: SVP () Delete
Name: WICHER, GORDON
Address: 150 AVERY ST
City-St-Zip: WALLA WALLA, WA 99362

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:

Title: D (X) Change () Addition
Name: LAWRENCE, RICHARD
Address: 150 AVERY ST
City-St-Zip: WALLA WALLA, WA 99362

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: DAVID M. CAMP

PCEO

04/06/2009

Electronic Signature of Signing Officer or Director

Date