

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001847

FILED
Mar 01, 2011
Secretary of State

Entity Name: PRIME ALLIANCE SOLUTIONS, INC.

Current Principal Place of Business:

12770 GATEWAY DR - MS 1011-1
TUKWILA, WA 98168

New Principal Place of Business:

7701 YORK AVE S
SUITE 250
EDINA, MN 55435

Current Mailing Address:

12770 GATEWAY DR - MS 1011-1
TUKWILA, WA 98168

New Mailing Address:

7701 YORK AVE S
SUITE 250
EDINA, MN 55435

FEI Number: 91-2060737

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

OFFICERS AND DIRECTORS:

Title: CFO
Name: MORRIS, JOHN
Address: 7701 YORK AVE S, SUITE 250
City-St-Zip: EDINA, MN 55435

Title: SEC
Name: OAKLAND, GARY
Address: 7701 YORK AVE S, SUITE 250
City-St-Zip: EDINA, MN 55435

Title: TREA
Name: ELSER, KATHY
Address: 7701 YORK AVE S, SUITE 250
City-St-Zip: EDINA, MN 55435

Title: DIR
Name: BRANCUCCI, JOE
Address: 7701 YORK AVE S, SUITE 250
City-St-Zip: EDINA, MN 55435

Title: DIR
Name: SCHWALEN, JEFF
Address: 7701 YORK AVE S, SUITE 250
City-St-Zip: EDINA, MN 55435

Title: DIR
Name: MASE, STEVE
Address: 7701 YORK AVE S, SUITE 250
City-St-Zip: EDINA, MN 55435

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: JOHN MORRIS

CFO

03/01/2011

Electronic Signature of Signing Officer or Director

Date