## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000003203

Entity Name: HYPERQUALITY, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1118 POST AVE SEATTLE, WA 98101				316 OCCIDENTAL AVE, S SUITE 300 SEATTLE, WA 98104			
Current Mailing Address:				New Mailing Address:			
1118 POST AVE SEATTLE, WA 98101			316 OCCIDENTAL AVE, S SUITE 300 SEATTLE, WA 98104				
FEI Number:	47-0952924	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Des	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,							
in the State							
SIGNATUR		Signature of Registered Agent				 Date	
Election Cam		Trust Fund Contribution ( ).				Bate	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		Delete N R		Title: Name: Address: City-St-Zip:		Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HALLETT, BRUC	COAST HWY STE 300		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I HANLIN, R. PATE 2027 WELLINGT W LINN, OR 970	ON DR		Title: Name: Address: City-St-Zip:	COLES, CHRIS	AL AVE S, SUTIE 300	
Title: Name: Address: City-St-Zip:	HAWK, ROBERT	12TH FL PENTHOUSE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DCEO () I LEE, HOWARD 1118 POST AVE SEATTLE, WA 9	Delete 8101		Title: Name: Address: City-St-Zip:	D (X) LEE, HOWARD 1118 POST AVE SEATTLE, WA		
Title: Name: Address: City-St-Zip:	PST () I LEE, HOWARD 1118 POST AVE SEATTLE, WA 9	Delete 8101		Title: Name: Address: City-St-Zip:	COLES, CHRIS	AL AVE, S, SUTIE 300	

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: CHRISTPPHER COLES CEO 02/04/2009