

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004339

Entity Name: GRAPHIC SCIENCES, INC.

FILED
Jun 20, 2007
Secretary of State

Current Principal Place of Business:

7515 NE AMBASSADOR PLACE - STE L
PORTLAND, OR 97220

New Principal Place of Business:

Current Mailing Address:

7515 NE AMBASSADOR PLACE - STE L
PORTLAND, OR 97220

New Mailing Address:

FEI Number: 93-0948984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARLING, JUSTIN
2002 E 18TH ST
JACKSONVILLE, FL 32206 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WISHART, W. KENT
Address: 7515 NE AMBASSADOR PLACE - STE L
City-St-Zip: PORTLAND, OR 97220

Title: S () Delete
Name: MCLEAN, GARY
Address: 11707 21ST AVE SOUTH
City-St-Zip: TACOMA, WA 98444

Title: T () Delete
Name: PAYNE, GEORGE
Address: 11707 21ST AVE SOUTH
City-St-Zip: TACOMA, WA 98444

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:

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: DORCIE WATSON

MS

06/20/2007

Electronic Signature of Signing Officer or Director

Date