2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005760

FILED Apr 07, 2009 Secretary of State

Entity Name: PARSONS RCIE INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
1216 140TH SUMMER,	HAVE COURT WA 98390	EAST					
Current Mailing Address:			New Maili	New Mailing Address:			
PO BOX 1730 SUMNER, WA 98390			SUITE 725	16055 SPACE CENTER BLVD SUITE 725 HOUSTON, TX 77062			
FEI Number:	91-1498846	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate	of Status Desired ()	
Name and	Address of C	Name and	Name and Address of New Registered Agent:				
1200 SOUT	ORATION SYS FH PINE ISLAN ON, FL 33324						
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:							
	Electroni	nt		D	ate		
Election Cam	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ALBRECHT, AND	NUE COURT EAST	Title: Name: Address: City-St-Zip:	()) Change()) Addition	
Title: Name: Address: City-St-Zip:	SHIVE, STEPHE	NUE COURT EAST	Title: Name: Address: City-St-Zip:	VP (X MILLER, MATTI 100 W. WALNU PASADENA, CA	JT ST.) Addition	
Title: Name: Address: City-St-Zip:	LEDFORD, ROB	NUE COURT EAST	Title: Name: Address: City-St-Zip:	S (X COLE, SUSAN 100 W. WALNU PASADENA, CA) Addition	
Title: Name: Address: City-St-Zip:	CRANSTON, R. I	NUE COURT EAST	Title: Name: Address: City-St-Zip:	T (X BALL, GEORGI 100 W. WALNU PASADENA, CA	JT ST.) Addition	
Title:	AS ()	Delete	Title:	()) Change() Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS L. JOHANSON AC 04/07/2009

JOHANSON, THOMAS

PASADENA, CA 91124

100 W WALNUT ST

Name:

Address:

City-St-Zip: