# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2009**
**Secretary of State**

DOCUMENT# F07000002785

**Entity Name:** CORE ONCOLOGY, INC.

**Current Principal Place of Business:**

7525 SE 24TH STREET SUITE 450
MERCER ISLAND, WA 98040

**New Principal Place of Business:**

7525 SE 24TH STREET
SUITE 450
MERCER ISLAND, WA 98040

**Current Mailing Address:**

7525 SE 24TH STREET SUITE 450
MERCER ISLAND, WA 98040

**New Mailing Address:**

7525 SE 24TH STREET
SUITE 450
MERCER ISLAND, WA 98040

**FEI Number: 20-5563172** **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: DP ( ) Delete
Name: GAY, TRAVIS
Address: 301 MENTOR DR
City-St-Zip: SANTA BARBARA, CA 93111

Title: D ( ) Delete
Name: NICHOLSON, CHRISTOPHER
Address: 7525 SE 24TH STREET SUITE 450
City-St-Zip: MERCER ISLAND, WA 98040

Title: DST ( ) Delete
Name: WITTER, MALCOLM G
Address: 7525 SE 24TH STREET SUITE 450
City-St-Zip: MERCER ISLAND, WA 98040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition
Name: GAY, TRAVIS
Address: 3916 STATE STREET, SUITE 110
City-St-Zip: SANTA BARBARA, CA 93105 US

Title: CFO (X) Change ( ) Addition
Name: NICHOLSON, CHRISTOPHER B
Address: 7525 SE 24TH STREET SUITE 450
City-St-Zip: MERCER ISLAND, WA 98040 US

Title: SECY (X) Change ( ) Addition
Name: WITTER, MALCOLM G
Address: 7525 SE 24TH STREET SUITE 450
City-St-Zip: MERCER ISLAND, WA 98040 US

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: CHRISTOPHER B. NICHOLSON CFO 03/19/2009
Electronic Signature of Signing Officer or Director — Date