

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F07000002785

Entity Name: CORE ONCOLOGY, INC.

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-5563172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: DORIE KLUSS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: SECY  
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 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: CHRISTOPHER NICHOLSON

CFO

10/04/2010

Electronic Signature of Signing Officer or Director

Date