

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003600

FILED
Mar 23, 2009
Secretary of State

Entity Name: INTRIX TECHNOLOGY, INC.

Current Principal Place of Business:

2260 DOUGLAS BLVD STE 240
ROSEVILLE, CA 95661

New Principal Place of Business:

Current Mailing Address:

2260 DOUGLAS BLVD STE 240
ROSEVILLE, CA 95661

New Mailing Address:

FEI Number: 20-8963251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGNER, MARK
34038 TRIPLECROWN CT
DADE CITY, FL 33525 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: C () Delete
Name: RENNECKAR, STEPHEN E
Address: 8601 N SCOTTSDALE ROAD STE 238
City-St-Zip: SCOTTSDALE, AZ 85253

Title: VCT () Delete
Name: HANDLEY, PHILIP J
Address: 8601 N SCOTTSDALE ROAD STE 238
City-St-Zip: SCOTTSDALE, AZ 85253

Title: DS () Delete
Name: CRONIN, GEOFFREY D
Address: 80 THOREAU STREET
City-St-Zip: CONCORD, MA 01742

Title: D () Delete
Name: TORRE, RICHARD F
Address: 52 CHANDLER CIRCLE
City-St-Zip: ANDEOVER, MA 01810

Title: VP () Delete
Name: CARTER, TIMOTHY L
Address: 213 SOUTHFORK DRIVE
City-St-Zip: HUDSON OAKS, TX 76087

Title: P () Delete
Name: PASSIFIONE, MARK
Address: 2260 DOUGLAS BLVD STE 240
City-St-Zip: ROSEVILLE, CA 95661

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:

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: MARK PASSIFIONE

P

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date