## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000000310

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

( ) Delete

5 CORPORATE PARK, SUITE 280

() Delete

5 CORPORATE PARK, SUITE 280

MACDONALD, JEFFREY M

SULLIVAN, JOSEPH

IRVINE, CA 92606

IRVINE, CA 92606

**Entity Name: CYMETRIX CORPORATION** 

FILED Jul 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5 CORPORATE PARK, SUITE 280 IRVINE, CA 92606				2875 MICHELLE DRIVE; SUITE 250 IRVINE, CA 92606			
Current Mailing Address:				New Mailing Address:			
5 CORPORATE PARK, SUITE 280 IRVINE, CA 92606				2875 MICHELLE DRIVE; SUITE 250 IRVINE, CA 92606			
FEI Number:	20-2858838	FEI Number Applied For ( )	FEI Numi	ber Not Appli	cable ( )	Certificate of Status Des	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOUT PLANTATIO	of Florida.	ND ROAD	ne purpose of	changing it	s registered	office or registered age	nt, or both,
Electronic Signature of Registered Agent				 Date			
Election Cam	paign Financing	3(2)(b), F.S., the corporation did Trust Fund Contribution ( ).		•			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	HALBERDA, MI	PARK, SUITE 280	1	Title: Name: Address: City-St-Zip:	HALBERDA, I	LLE DRIVE; SUITE 250	
Title: Name: Address:	RUDIN, MURRA	Delete Y PARK, SUITE 280	I	Title: Name: Address:	RUDIN, MURI	(X) Change()Addition RAY LLE DRIVE; SUITE 250	

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY MACDONALD CFO 07/17/2009

(X) Change ( ) Addition

(X) Change ( ) Addition

2875 MICHELLE DRIVE; SUITE 250

2875 MICHELLE DRIVE; SUITE 250

SULLIVAN, JOSEPH

IRVINE, CA 92606

IRVINE, CA 92606

MACDONALD, JEFFREY M

ST