

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000382

Entity Name: ASEMBLON, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

15340 NE 92ND STREET SUITE B
REDMOND, WA 98052

New Principal Place of Business:

Current Mailing Address:

15340 NE 92ND STREET SUITE B
REDMOND, WA 98052

New Mailing Address:

FEI Number: 80-0029804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGAN, JOSEPH W
104 ST SE BANYAN WAY
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

FAGAN, JOSEPH W
10457 ST SE BANYAN WAY
TEQUESTA, FL 33469 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KUENSTER, GORDON
Address: PO BOX 128
City-St-Zip: MEDINA, WA 98039

Title: DCEO () Delete
Name: QUARLES, PATRICK A
Address: 15340 NE 92ND STREET SUITE B
City-St-Zip: REDMOND, WA 98052

Title: D (X) Delete
Name: WARD, ROBERT
Address: 2810 SEVENTH AVE
City-St-Zip: BERKELEY, WA 98101

Title: PS () Delete
Name: CROMER, CHERYL
Address: 1612 BIGELOW AVE N
City-St-Zip: SEATTLE, WA 98101

Title: V () Delete
Name: KNUBSON, GERALD
Address: 6612 LK WASHINGTON BLVD NE
City-St-Zip: KIRKLAND, WA 98033

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:

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: PATRICK A. QUARLES

DCEO

04/29/2009

Electronic Signature of Signing Officer or Director

Date