

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# F08000000450

Entity Name: INRIX, INC.

Current Principal Place of Business:

10210 NE POINTS DRIVE
SUITE 300
KIRKLAND, WA 98033

New Principal Place of Business:

Current Mailing Address:

10210 NE POINTS DRIVE
SUITE 300
KIRKLAND, WA 98033

New Mailing Address:

FEI Number: 20-1296081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MISTELE, BRYAN P
Address: 10210 NE POINTS DRIVE STE 300
City-St-Zip: KIRKLAND, WA 98033

Title: D () Delete
Name: AGARWAL, AJAY
Address: 111 HUNGTON AVE.
City-St-Zip: BOSTON, MA 02199

Title: D () Delete
Name: CHAPMAN, CRAIG H
Address: 4055 LAKE WASHINGTON BLVD. NE, SUITE 200
City-St-Zip: KIRKLAND, WA 98033

Title: D () Delete
Name: EIGSTI, ROGER
Address: 4055 LAKE WASHINGTON BLVD. NE, SUITE 200
City-St-Zip: KIRKLAND, WA 98033

Title: D () Delete
Name: JOHNSTON, JOHN
Address: 2480 SAND HILL RD., SUITE 101
City-St-Zip: MENLO PARK, CA 94025

Title: D () Delete
Name: SUN, ANTHONY
Address: 2494 SAND HILL RD., SUITE 200
City-St-Zip: MENLO PARK, CA 94025

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
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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: BRYAN MISTELE

CEO

05/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date