2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H83392

Entity Name: VARIMETRIX CORPORATION

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

907 E. STRAWBRIDGE AVE.
SUITE 200
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

907 E. STRAWBRIDGE AVE.
SUITE 200
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2629459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VORWALLER, MARK L.
907 E. STRAWBRIDGE AVE
SUITE 200
MELBOURNE, FL 32901 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: PDS ( ) Delete
Name: VORWALLEER, MARK L.
Address: 907 E. STRAWBRIDGE AVE. STE200
City-St-Zip: MELBOURNE, FL 32901

Title: VD ( ) Delete
Name: BYRNES, ROBERT J.
Address: 907 E. STRAWBRIDGE AVE. STE200
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: YAMAGUCHI, HISAKASU
Address: 907 E. STRAWBRIDGE AVE. STE200
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: MAEDA, ISAO
Address: 907 E. STRAWBRIDGE AVE. STE200
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: KATSURO, HAMADA
Address: 907 E. STRAWBRIDGE AVE. STE200
City-St-Zip: MELBOURNE, FL 32901

Title: V ( ) Delete
Name: FISCHER, ROBERT N
Address: 907 E. STRAWBRIDGE AVE. STE200
City-St-Zip: MELBOURNE, FL 32901

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 VORWALLER PDS 01/26/2009
Electronic Signature of Signing Officer or Director Date