

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002741

FILED  
May 10, 2012  
Secretary of State

**Entity Name:** CLARUS TECHNOLOGIES, LLC

**Current Principal Place of Business:**

2015 ALPINE WAY  
SUITE C  
BELLINGHAM, WA 98226

**New Principal Place of Business:**

**Current Mailing Address:**

4300 B STREET  
SUITE 408  
ANCHORAGE, AK 99503

**New Mailing Address:**

**FEI Number:** 91-2083992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
155 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KONIAG DEVELOPMENT CORPORATION  
Address: 4300 B ST., SUITE 408  
City-St-Zip: ANCHORAGE, AK 99503

Title: MGRM  
Name: FROGWORKS, INC.  
Address: 1957 DISCOVERY HTS.  
City-St-Zip: BELLINGHAM, WA 98226

Title: C  
Name: PANAMAROFF, THOMAS  
Address: 4300 B ST., STE 408  
City-St-Zip: ANCHORAGE, AK 99503

Title: P,VC  
Name: KOREIS, JOSEPH  
Address: 2015 ALPINE WAY, STE C  
City-St-Zip: BELLINGHAM, WA 98226

Title: T/S  
Name: ARGETSINGER, DON  
Address: 4300 B ST., STE 408  
City-St-Zip: ANCHORAGE, AK 99503

Title: AS  
Name: LUKIN, DEBRA  
Address: 4300 B ST., STE 408  
City-St-Zip: ANCHORAGE, AK 99503

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEBRA LUKIN

AS

05/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date