

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070111

FILED  
Apr 28, 2012  
Secretary of State

Entity Name: LUMESSE, INC.

**Current Principal Place of Business:**

2705 BEE CAVE ROAD, STE. 160  
AUSTIN, TX 78746

**New Principal Place of Business:**

**Current Mailing Address:**

2705 BEE CAVE ROAD, STE. 160  
AUSTIN, TX 78746

**New Mailing Address:**

FEI Number: 01-0789774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COUCH, BYRON  
Address: 2222 WESTERN TRAILS BLVD, SUITE 200  
City-St-Zip: AUSTIN, TX 78666

Title: SD  
Name: INGRAM, SHELLEY  
Address: 2222 WESTERN TRAILS BLVD, SUITE 200  
City-St-Zip: AUSTIN, TX 78666

Title: TD  
Name: FISHER, CHRISTOPHER  
Address: 2222 WESTERN TRAILS BLVD, SUITE 200  
City-St-Zip: AUSTIN, TX 78666

Title: D  
Name: PARKER, MATTHEW  
Address: 2222 WESTERN TRAILS BLVD, SUITE 200  
City-St-Zip: AUSTIN, TX 78666

I hereby 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 all other like empowered.

SIGNATURE: BYRON COUCH

PD

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date