2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2014
Secretary of State
CC2706820796

DOCUMENT# P11000101868

Entity Name: COCENTRIX, INC.

Current Principal Place of Business:

540 NORTH TAMIAMI TRAIL
SARASOTA, FL 34236

Current Mailing Address:

540 NORTH TAMIAMI TRAIL
SARASOTA, FL 34236

FEI Number: 45-3979070

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: JANICE NULL-OBO INCORP SERVICES, INC. 02/24/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO
Name	AHDAB, MAY
Address	540 NORTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34236

Title	TREA
Name	AHDAB, MAY
Address	540 NORTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34236

Title	GC
Name	SULLIVAN, MARK
Address	5237 HHR RANCH ROAD
City-State-Zip:	WILSON WY 83014

Title	CTO
Name	BARKER, STEPHEN G
Address	540 NORTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34236

Title	PRES
Name	ORLOV, LEIGH
Address	540 N. TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34236

Title	SEC
Name	AHDAB, MAY
Address	540 NORTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34236

Title	CFO
Name	OCHIPA, MICHAEL J
Address	540 NORTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34236

Title	SVP
Name	TILGHMAN, WILLIAM N
Address	540 NORTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34236

Continues on page 2

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: MICHAEL J OCHIPA CFO 02/24/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SVP
Name	KEYES, WILLIAM C
Address	540 NORTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34236

Title	SVP
Name	RAMSEY, CLAYTON L
Address	540 NORTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34236