

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001375

Entity Name: DEXTRYS, INC.**Current Principal Place of Business:**201 EDGEWATER DRIVE
SUITE 241
WAKEFIELD, MA 01880**Current Mailing Address:**201 EDGEWATER DRIVE
SUITE 241
WAKEFIELD, MA 01880**FEI Number:** 04-3138280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MURPHY, WILLIAM
Address	201 EDGEWATER DRIVE, SUITE 241
City-State-Zip:	WAKEFIELD MA 01880

Title	TREASURER
Name	HARTNETT, JOSEPH
Address	201 EDGEWATER DRIVE, SUITE 241
City-State-Zip:	WAKEFIELD MA 01880

Title	D
Name	GARFINKEL, NEIL
Address	ONE LETTERMAN DR., BLDG C, SUITE 410
City-State-Zip:	SAN FRANCISCO CA 94129

Title	D
Name	PERKINS, ALAN
Address	2 DANCERS IMAGE LANE
City-State-Zip:	N. HAMPTON NH 03862

Title	D
Name	YUAN, JASON
Address	ONE LETTERMAN DR., BLDG C, SUITE 410
City-State-Zip:	SAN FRANCISCO CA 94129

Title	D
Name	KEANE, BRIAN
Address	201 EDGEWATER DRIVE, STE 241
City-State-Zip:	WAKEFIELD MA 01880

Title	SECRETARY
Name	O'BRIEN, MICHAEL
Address	201 EDGEWATER DR STE 241
City-State-Zip:	WAKEFIELD MA 01880

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 O'BRIEN**SECRETARY****03/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date