

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001375

Entity Name: DEXTRYS, INC.**Current Principal Place of Business:**4 MIDDLE STREET
SUITE 226
NEWBURYPORT, MA 01950**Current Mailing Address:**4 MIDDLE STREET
SUITE 226
NEWBURYPORT, MA 01950 US**FEI Number:** 04-3138280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO, PRESIDENT
Name MURPHY, WILLIAM
Address 4 MIDDLE STREET
SUITE 226
City-State-Zip: NEWBURYPORT MA 01950

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 WANG, CALEB
Address ONE LETTERMAN DR., BLDG C, SUITE
410
City-State-Zip: SAN FRANCISCO CA 94129

Title D
Name KEANE, BRIAN
Address 4 MIDDLE STREET
SUITE 226
City-State-Zip: NEWBURYPORT MA 01950

Title SECRETARY, TREASURER
Name O'BRIEN, MICHAEL
Address 4 MIDDLE STREET
STE 226
City-State-Zip: NEWBURYPORT MA 01950

Title DIRECTOR, CHAIRMAN
Name KOHLSDORF, MICHAEL
Address 4 MIDDLE STREET
SUITE 226
City-State-Zip: NEWBURYPORT MA 01950

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****01/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date