

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000005144

**Entity Name:** PROTINGENT, INC.

**Current Principal Place of Business:**

11235 SE 6TH STREET  
SUITE 220  
BELLEVUE, WA 98004

**FILED**  
**Apr 27, 2022**  
**Secretary of State**  
**6663532271CC**

**Current Mailing Address:**

11235 SE 6TH STREET  
SUITE 220  
BELLEVUE, WA 98004 US

**FEI Number: 27-0030296**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
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            PRESIDENT, DIRECTOR, CEO  
Name            BRUCE, TIM  
Address        11235 SE 6TH STREET  
                 SUITE 220  
City-State-Zip: BELLEVUE WA 98004

Title            CEO, DIRECTOR  
Name            HARVEY, DONN  
Address        11235 SE 6TH STREET  
                 SUITE 220  
City-State-Zip: BELLEVUE WA 98004

Title            SECRETARY, TREASURER  
Name            DARLING, CAROL  
Address        11235 SE 6TH STREET  
                 SUITE 220  
City-State-Zip: BELLEVUE WA 98004

Title            DIRECTOR  
Name            HOWELL, RON  
Address        11235 SE 6TH STREET  
                 SUITE 220  
City-State-Zip: BELLEVUE WA 98004

*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: TIM BRUCE**

**PRESIDENT**

**04/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date