

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000005144

Entity Name: PROTINGENT, INC.

**Current Principal Place of Business:**

3650 131ST AVE SE  
SUITE 500  
BELLEVUE, WA 98006

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC3728963090**

**Current Mailing Address:**

3650 131ST AVE SE  
SUITE 500  
BELLEVUE, WA 98006 US

**FEI Number: 27-0030296**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
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 DIRECTOR  
Name HARVEY, DEBY  
Address 30500 SE 58TH STREET  
City-State-Zip: PRESTON WA 98050

Title PRESIDENT  
Name BRUCE, TIM  
Address 800 179TH CT NE  
City-State-Zip: BELLEVUE WA 98008

Title CEO  
Name HARVEY, DONN  
Address 30500 SE 58TH STREET  
City-State-Zip: PRESTON WA 98050

Title DIRECTOR  
Name BRUCE, TIM  
Address 3650 131ST AVE SE  
SUITE 500  
City-State-Zip: BELLEVUE WA 98006

Title CFO  
Name WASOWICZ, MARK  
Address 3650 131ST AVE SE  
SUITE 500  
City-State-Zip: BELLEVUE WA 98006

Title SECRETARY  
Name WASOWICZ, MARK  
Address 3650 131ST AVE SE  
SUITE 500  
City-State-Zip: BELLEVUE WA 98006

Title CHAIRMAN  
Name HARVEY, DONN  
Address 3650 131ST AVE SE  
SUITE 500  
City-State-Zip: BELLEVUE WA 98006

*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: DONN HARVEY**

**CEO**

**04/14/2017**

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

\_\_\_\_\_  
Date