

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005272

**Entity Name:** INTEGRAL CONSULTING INC.

**Current Principal Place of Business:**

719 2ND AVENUE STE 700  
SEATTLE, WA 98104

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC2324365348**

**Current Mailing Address:**

285 CENTURY PLACE  
SUITE 190  
LOUISVILLE, CO 80027 US

**FEI Number:** 48-1266683

**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 JACOBS, LUCINDA  
Address 719 2ND AVE., SUITE 700  
City-State-Zip: SEATTLE WA 98107

Title VPD  
Name DURDA, JUDI  
Address 200 HARRY S TRUMAN PKWY., SUITE 330  
City-State-Zip: ANNAPOLIS MD 21401

Title SD  
Name JONES, LAURA  
Address 319 SW WASHINGTON ST., SUITE 1150  
City-State-Zip: PORTLAND OR 97204

Title T  
Name MONSON, ALISON E  
Address 605 S.COLLEGE AVE., SUITE 101  
City-State-Zip: FORT COLLINS CO 80524

Title DIRECTOR, PRESIDENT  
Name LOCKE, WILLIAM  
Address 285 CENTURY PLACE, SUITE 190  
City-State-Zip: LOUISVILLE CO 80027

Title D, CHAIRMAN  
Name MARX, LARRY  
Address 719 2ND AVE., SUITE 700  
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR  
Name KEENAN, RUSSELL  
Address 45 EXCHANGE STREET STE 200  
City-State-Zip: PORTLAND ME 04101

Title DIRECTOR  
Name PREZIOSI, DAMIAN  
Address 4D BAY ST  
City-State-Zip: BERLIN MD 21811

**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:** ALISON E MONSON

**TREASURER**

**03/23/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MARTIN, TODD  
Address        2231 E. MURRAY HOLLADAY RD  
City-State-Zip: SALT LAKE CITY UT 84117