

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005695

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: RYZEX, INC.

**Current Principal Place of Business:**

4600 RYZEX WAY  
BELLINGHAM, WA 98226

**New Principal Place of Business:**

**Current Mailing Address:**

4600 RYZEX WAY  
BELLINGHAM, WA 98226

**New Mailing Address:**

FEI Number: 91-1559865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: YOUNG, ROSS  
Address: 10330 OLD COLUMBIA RD  
City-St-Zip: COLUMBIA, MD 21046

Title: DIR  
Name: YOUNG, ROSS  
Address: 10330 OLD COLUMBIA RD  
City-St-Zip: COLUMBIA, MD 21046

Title: DIR  
Name: GREER, DAVID  
Address: 520 LAKE COOK RD #650  
City-St-Zip: DEERFIELD, IL 60015

Title: DIR  
Name: DAUTEN, KENT  
Address: 520 LAKE COOK RD #650  
City-St-Zip: DEERFIELD, IL 60015

Title: DIR  
Name: GWILLIAM, SCOTT  
Address: 520 LAKE COOK RD #650  
City-St-Zip: DEERFIELD, IL 60015

Title: TREA  
Name: ADAMS, MICHELE  
Address: 10330 OLD COLUMBIA RD  
City-St-Zip: COLUMBIA, MD 21046

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: MICHELE ADAMS

TREA

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date