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| No. C 184374 | | Due no later than Sep 30, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MATRIX ABSENCE MANAGEMENT, INC. SUZANNE WILSON 181 METRO DR., STE 300 SAN JOSE CA 95110-1001 USA | | CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | IVARS ZVIRBULIS | 181 METRO DR., STE 300 | SAN JOSE | CA | USA | 95110-1001 | |
| SECRETARY | SUZANNE L WILSON | 181 METRO DR., STE 300 | SAN JOSE | CA | USA | 95110-1001 | |
| 5. Organized Under the Laws of: DE C 184374 | | 6. Annual Report must be signed.* Signature: Suzanne Wilson Name (type or print): Suzanne Wilson Date: 09/27/2012 Title: Secretary | | | | | |
| Processed 09/27/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |