

No. C 184374		Due no later than Sep 30, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. MATRIX ABSENCE MANAGEMENT, INC. SUZANNE WILSON 5225 HELLYER AVE #210 SAN JOSE CA 95138-1001 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	5225 HELLYER AVE #210	SAN JOSE	CA	USA	95138-1001	
SECRETARY	SUZANNE L WILSON	5225 HELLYER AVE #210	SAN JOSE	CA	USA	95138-1001	
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: 09/28/2010 Title: Secretary					
Processed 09/28/2010		* Electronically provided signatures are accepted as original signatures.					