

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is

subject to a penalty fee of \$25.00.			
1. Corporate ID No 124768 2. Name of Corporation Coinsta, -;	Inc	T:	200
3. Street Address Principal Business Office 1800 114th Ave SE	cuy pellerne	State L. A	98564
4. Business Phone No. (425) 943 - 8000 5. State of Incorporation	Delaniere		, i.
6. Brief Description of the Character of Business Conducted in Rhode Island			<u></u>
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	Vica Descident Nama	s before using ATTA	CHMEN IS
Street Address 1800 114th Ave ST.	,	114th Ave	T
Fellevice state wit Zip 98064	on rellevue	State UVA	380E4
Secretary Name Danald K. Kénch	Treasurer Name		.
Street Address 1860 114th Fire SE	Street Address		
City relievine State Wit 21p 48004	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name AFIK ALLEV	: Director Name (CES BEFORE USING AT	
Street Address 1866 114HI AVE SE	•	14th Ave Si	
Ellerne Sine NA Zip 45004	con relievue	State W A	1 48CC4
Director Name Robert D. Schenzis	Director Name Dehora	h bevier	
Street Address 1800 114th AVE SE	Street Address 1866	114th Ave	SE
City Bellevine State Wit Zip 95004	chy bellevuc	State With	78004
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTION		ENT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	Number of Shares	Class/Series	Par Value
	29,383,150	Common	.001
This report must be executed on behalf of the corporation by an authorize this report must be executed on behalf of the corporation by the receiver	ed representative. If the corpo or trustee.	ration is in the hands of	a receiver or trustee,
FILED	Under penulty of periun	y, I declare and affirm that	I have examined this rep
•••	including any accompa	nying schedules and statem	nents, and that all stateme
JUN 0 1 2009	contained herein fie til	ie and correct.	1/22/09
File Date By	Signature		T _{Date}

Print or Type Name FOR SECRETARY OF STATE USE ONLY Form 630 Rev. 08/08