

1.) CORPORATION NAME:

**Metagenics, Inc.**

DUE DATE: **3/31/2011**

SCC ID NO: **F1819137**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
PARACORP INCORPORATED  
12610 LAKE NORMANDY LN  
FAIRFAX, VA 22030-7251**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,250
PREFER	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX CITY (FILED IN FAIRFAX COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 AVENIDA LA PATA

CITY/ST/ZIP: SAN CLEMENTE, CA 92673-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JEFFREY J KATKE  
TITLE: DIRECTOR  
ADDRESS: 100 AVENIDA LA PATA  
CITY/ST/ZIP/CO: SAN CLEMENTE, CA 92673-

OFFICER  DIRECTOR

NAME: PAUL E KONNEY  
TITLE: SECRETARY  
ADDRESS: 100 AVENIDA LA PATA  
CITY/ST/ZIP/CO: SAN CLEMENTE, CA 92673-

OFFICER  DIRECTOR

NAME: JERRY MOREY  
TITLE: TREASURER  
ADDRESS: 100 AVENIDA LA PATA  
CITY/ST/ZIP/CO: SAN CLEMENTE, CA 92673-

OFFICER  DIRECTOR

NAME: JENNIFER PENCE  
TITLE: ASST SECRETARY  
ADDRESS: 100 AVENIDA LA PATA  
CITY/ST/ZIP/CO: SAN CLEMENTE, CA 92673-

OFFICER  DIRECTOR

NAME: FREDERICK HOWARD  
TITLE: CEO  
ADDRESS: 100 AVENIDA LA PATA  
CITY/ST/ZIP/CO: SAN CLEMENTE, CA 92673-

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM BAER DIRECTOR 2360 CASCADE LAKES CIRCLE SE GRAND RAPIDS, MI 49546-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY BLAND DIRECTOR 9770 44TH AVE NW SUITE 100 GIG HARBOR, WA 98332-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER COLMAN DIRECTOR 7575 FULTON ST, EAST ADA, MI 49355-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID TUIT DIRECTOR 7575 FULTON ST, EAST ADA, MI 49355-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM WEAVER DIRECTOR 7575 FULTON ST, EAST ADA, MI 49355-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD ZAHN DIRECTOR 10040 EAST HAPPY VALLEY ROAD #601 SCOTTSDALE, AZ 85255-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JENNIFER PENCE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JENNIFER PENCE, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/17/2011</u> DATE
--	---	--------------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.