

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 839235**

1. Entity Name  
NEOPOST INC.



Principal Place of Business  
30955 HUNTWOOD AVE  
HAYWARD, CA 94544

Mailing Address  
30955 HUNTWOOD AVE  
HAYWARD, CA 94544



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
94-2388882

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	STERN, SCOT
STREET ADDRESS	1412 VENTANA DR.
CITY - ST - ZIP	ESCONDIDO, CA 92029
TITLE	VP
NAME	ORVELL, HAKAN
STREET ADDRESS	12 WILLIAMS LANE
CITY - ST - ZIP	FOSTER CITY, CA 94404
TITLE	VP
NAME	WEBER, JEAN
STREET ADDRESS	1537 WILLARD ST
CITY - ST - ZIP	SAN FRANCISCO, CA
TITLE	D
NAME	BENNETT, COLIN
STREET ADDRESS	113 RUE JEAN-MARIN NANDIN
CITY - ST - ZIP	BAGNEUX, FRANCE 92220
TITLE	D
NAME	VILLOT, JEAN-PAUL
STREET ADDRESS	113 RUE JEAN-MARIN NAUDIN
CITY - ST - ZIP	BAGNEUX FRANCE, 92220
TITLE	D
NAME	STERN, SCOT
STREET ADDRESS	30955 HUNTWOOD AVE.
CITY - ST - ZIP	HAYWARD, CA 94544

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04/30/04 80052-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 27 2004** (510)489-6800

Date

Daytime Phone #