FV

2007 FOR PROFIT CORPORATION ANNUAL REPORT

SH 143005 = 150.-

FILED
May 31, 2007 08:00 A
Secretary of State

DOCUMENT # 839235

1. Entity Name
NEOPOST INC.

Principal Place of Business	Mailing Address
30955 HUNTWOOD AVE HAYWARD, CA 94544	30955 HUNTWOOD AVE HAYWARD, CA 94544

DO NOT WRITE IN THIS SPACE

05232007 No Chg-P CR2E034 (11/05)

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

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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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SHANKLE, KIRK
STREET ADDRESS	30955 HUNTWOOD AVE
CITY-ST-ZIP	HAYWARD, CA 94544
TITLE	VPD
NAME	BERSON, BENOIT
STREET ADDRESS	30955 HUNTWOOD AVE
CITY-ST-ZIP	HAYWARD, CA 94544
TITLE	P/D
NAME	O'BRIEN, CHRISTOPHER
STREET ADDRESS	30955 HUNTWOOD AVE.
CITY-ST-ZIP	HAYWARD, CA 94544
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Kirk Shankle MAY 24 2007 (510) 489-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #