

2006 FOR PROFIT CORPORATION REINSTATEMENT


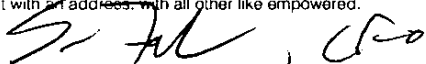
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06



DOCUMENT # F02000003792			
1. Entity Name ARTEMIS INTERNATIONAL SOLUTIONS CORPORATION			
Principal Place of Business 4041 MACARTHUR BLVD SUITE 401 NEWPORT BEACH, CA 92660		Mailing Address 4041 MAC ARTHUR BLVD. SUITE 401 NEWPORT BEACH, CA 92660	
2. Principal Place of Business 6011 W. Courtyard Dr		3. Mailing Address 6011 W. Courtyard Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Austin Tx		City & State Austin Tx	
Zip 78732	Country USA	Zip 78732	Country USA
4. FEI Number 13-4023714		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, CRAIG H 100 2ND AVE S #200 ST PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERNIER, PATRICK 4041 MACARTHUR BLVD STE. 401 NEWPORT BEACH, CA 92660 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and CEO Randall Jacobs 6011 W Courtyard dr. Austin, TX 78730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YAGER, STEVEN 4041 MACARTHUR BLVD STE. 260 NEWPORT BEACH, CA 92660 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Smith VP and COO 6011 W Courtyard dr. Austin, TX 78730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALGEVIK, BENGT FINEDALSVAGEN 11A LIDINGO, SWEDEN, 18157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sean P. Fallon VP Finance and CFO 6011 West Courtyard dr. Austin, TX 78730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERE, PEKKA 4041 MACARTHUR BLVD STE. 401 NEWPORT BEACH, CA 92660 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and General Counsel Lance Jones 6011 W Courtyard dr. Austin, TX 78730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEFANOVICH, ROBERT 4041 MACARTHUR BLVD STE. 401 NEWPORT BEACH, CA 92660 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400081958244 11/20/06--01055--004 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YAGER, STEVEN 6260 LOOKOUT ROAD BOULDER, CO 80301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		11/13/06 572.874.7100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	