

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004024

FILED  
May 10, 2006  
Secretary of State

Entity Name: SEQUENCE DESIGN, INC.

**Current Principal Place of Business:**

469 EL CAMINO REAL  
STE 202  
SANTA CLARA, CA 95050

**New Principal Place of Business:**

**Current Mailing Address:**

469 EL CAMINO REAL  
STE 202  
SANTA CLARA, CA 95050

**New Mailing Address:**

FEI Number: 94-3223668      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDCE ( ) Delete  
Name: KULKARNI, VIC  
Address: 469 EL CAMINO REAL STE. 202  
City-St-Zip: SANTA CLARA, CA 95050

Title: SVP ( ) Delete  
Name: CHANDRA, SUSHEEL  
Address: 469 EL CAMINO REAL STE. 202  
City-St-Zip: SANTA CLARA, CA 95050

Title: VP ( ) Delete  
Name: GOLDMAN, MARK  
Address: 469 EL CAMINO REAL STE. 202  
City-St-Zip: SANTA CLARA, CA 95050

Title: VP ( ) Delete  
Name: SHEFFIELD, ROBERT  
Address: 469 EL CAMINO REAL STE. 202  
City-St-Zip: SANTA CLARA, CA 95050

Title: D ( ) Delete  
Name: PICCIANO, JAMES  
Address: 469 EL CAMINO REAL STE. 202  
City-St-Zip: SANTA CLARA, CA 95050

Title: D ( ) Delete  
Name: BIRD, STEVE  
Address: 469 EL CAMINO REAL STE. 202  
City-St-Zip: SANTA CLARA, CA 95050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SHEFFIELD

CFO

05/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date