

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006970

FILED  
Apr 08, 2010  
Secretary of State

Entity Name: NEW JERSEY AUTONOMY INC.

**Current Principal Place of Business:**

ONE MARKET, SPEAR TOWER, 19TH FLOOR  
SAN FRANCISCO, CA 94105

**New Principal Place of Business:**

**Current Mailing Address:**

ONE MARKET, SPEAR TOWER, 19TH FLOOR  
SAN FRANCISCO, CA 94105

**New Mailing Address:**

FEI Number: 77-0434497      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: P  
Name: LYNCH, MICHAEL P  
Address: CAMBRIDGE BUSINESS PARK COWLEY ROAD  
City-St-Zip: CAMBRIDGE, CB4 OWZ, UK, XX 00000

Title: CEO  
Name: EGAN, CHRISTOPHER  
Address: 25 WOODLAN AVENUE  
City-St-Zip: SAN FRANCISCO, CA 94117

Title: COO  
Name: KANTER, ANDREW  
Address: CAMBRIDGE BUSINESS PARK COWLEY ROAD  
City-St-Zip: CAMBRIDGE, CB4 OWZ, UK, XX 00000

Title: CFO  
Name: HUSSAIN, SUSHOVAN  
Address: CAMBRIDGE BUSINESS PARK COWLEY ROAD  
City-St-Zip: CAMBRIDGE, CB4 OWZ, UK, XX 00000

I hereby 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 all other like empowered.

SIGNATURE: SUSHOVAN HUSSAIN

CFO

04/08/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date