


2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

2/19/08 08 FEB 14 AM 9:20

DOCUMENT # F06000004263

1. Entity Name
ENSENDA, INCORPORATED



Principal Place of Business
153 KEARNY STREET
6TH FLOOR
SAN FRANCISCO, CA 94108

Mailing Address
153 KEARNY STREET
6TH FLOOR
SAN FRANCISCO, CA 94108

2. Principal Place of Business - No P.O. Box #
580 CALIFORNIA ST
2ND FLOOR

3. Mailing Address
580 CALIFORNIA ST
2ND FLOOR

City & State
SAN FRANCISCO, CA

City & State
SAN FRANCISCO, CA

Zip
94104

Country
USA

Zip
94104

Country
USA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700112998757
02/14/08--01039--014 **150.00



4. FEI Number
77-0558988

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STOFFLET, MATTHEW
800 TOPAZ DRIVE
ROCKLEDGE, FL 32955

END DEC 05 2007

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: *Matthew Stofflet* DATE: 02/11/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM SMITH, RAY 453 KEARNY STREET 6TH FLOOR SAN FRANCISCO, CA 94108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCH PIDWELL, DAVID 400 HAMILTON AVE 4TH FLOOR PALO ALTO, CA 94301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBEN, DAN 400 HAMILTON AVE 4TH FLOOR PALO ALTO, CA 94301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOCH, JOHN 400 HAMILTON AVE 4TH FLOOR PALO ALTO, CA 94301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NEBEL, ROBIN 153 KEARNY STREET 6TH FLOOR SAN FRANCISCO, CA 94108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V & D HOWARD, ROB 153 KEARNY STREET 6TH FLOOR SAN FRANCISCO, CA 94108 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM SMITH, RAY 580 CALIFORNIA ST. 2ND FLOOR SAN FRANCISCO, CA 94104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Neal Dempsey 2882 Sand Hill Rd, Suite 240 Menlo Park, CA 94025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL RUBIN 400 HAMILTON AVE 4TH FLOOR PALO ALTO CA 94301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID PIDWELL 400 HAMILTON AVE 4TH FLOOR PALO ALTO CA 94301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID PIDWELL 400 HAMILTON AVE 4TH FLOOR PALO ALTO, CA 94301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V & D HOWARD, ROB 580 CALIFORNIA ST SAN FRANCISCO, CA 94104 <input checked="" 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: *Eliz. Wash* DATE: 11-15-07 DAYTIME PHONE #: 415-277-2090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Information for signing officer:

Title: VP of Finance

Name: Elizabeth Walsh

Street Address: 580 California St. 2nd Floor

City-ST.-Zip: San Francisco, CA 94104