

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003768

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: NAVIGENICS, INC.

## Current Principal Place of Business:

ONE LAGOON DRIVE SUITE 450  
REDWOOD SHORES, CA 94065

## New Principal Place of Business:

1001 E. HILLSDALE BLVD  
SUITE 550  
FOSTER CITY, CA 94404

## Current Mailing Address:

ONE LAGOON DRIVE SUITE 450  
REDWOOD SHORES, CA 94065

## New Mailing Address:

1001 E. HILLSDALE BLVD  
SUITE 550  
FOSTER CITY, CA 94404

FEI Number: 20-8068978

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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: BAKER, MARI  
Address: ONE LAGOON DRIVE SUITE 450  
City-St-Zip: REDWOOD SHORES, CA 94065

Title: VC ( ) Delete  
Name: BRAILER, DAVID  
Address: ONE LAGOON DRIVE SUITE 450  
City-St-Zip: REDWOOD SHORES, CA 94065

Title: D ( ) Delete  
Name: AGUS, DAVID MD  
Address: ONE LAGOON DRIVE SUITE 450  
City-St-Zip: REDWOOD SHORES, CA 94065

Title: D ( ) Delete  
Name: DOERR, JOHN  
Address: ONE LAGOON DRIVE SUITE 450  
City-St-Zip: REDWOOD SHORES, CA 94065

Title: VP ( ) Delete  
Name: DUROSS, AMY  
Address: ONE LAGOON DRIVE SUITE 450  
City-St-Zip: REDWOOD SHORES, CA 94065

Title: S ( ) Delete  
Name: MOORE, STEPHEN  
Address: ONE LAGOON DRIVE SUITE 450  
City-St-Zip: REDWOOD SHORES, CA 94065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: LORD, JONATHAN T M.D.  
Address: 1001 E. HILLSDALE BLVD, SUITE 550  
City-St-Zip: FOSTER CITY, CA 94404

Title: CFO (X) Change ( ) Addition  
Name: SCOTT, BECKY  
Address: 1001 E. HILLSDALE BLVD, SUITE 550  
City-St-Zip: FOSTER CITY, CA 94404

Title: D (X) Change ( ) Addition  
Name: AGUS, DAVID MD  
Address: 1001 E. HILLSDALE BLVD, SUITE 550  
City-St-Zip: FOSTER CITY, CA 94404

Title: D (X) Change ( ) Addition  
Name: DOERR, JOHN  
Address: 1001 E. HILLSDALE BLVD, SUITE 550  
City-St-Zip: FOSTER CITY, CA 94404

Title: D (X) Change ( ) Addition  
Name: MEAD, DANA  
Address: 1001 E. HILLSDALE BLVD, SUITE 550  
City-St-Zip: FOSTER CITY, CA 94404

Title: S (X) Change ( ) Addition  
Name: MOORE, STEPHEN  
Address: 1001 E. HILLSDALE BLVD, SUITE 550  
City-St-Zip: FOSTER CITY, CA 94404

I hereby certify that the information supplied with this filing does not qualify 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: BECKY SCOTT

CFO

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date