## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000001565

Entity Name: LIFESIZE COMMUNICATIONS, INC.

FILED Mar 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1607 GULF ROAD 10022 PARLEY DRIVE REDINGTON BCH, FL 33708 TAMPA, FL 33626 **Current Mailing Address: New Mailing Address:** 901 S MOPAC, BLDG 3 STE 300 AUSTIN, TX 78746 FEI Number: 06-1680606 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MALLOY, CRAIG Name: Name: 2706 GREENLEE DR. Address: Address: City-St-Zip: AUSTIN, TX 78703 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PAAPE, WILLIAM R Name: 1110 KENNAN RD. Address: Address: AUSTIN, TX 78746 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition MALLOY, CRAIG Name: Name: 901 S MOPAC, BLDG 3 STE300 Address: Address: City-St-Zip: AUSTIN, TX 78746 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PAAPE, WILLIAM Name: Name: Address: 901 S. MOPAC, BLDG 3 STE 300 Address: City-St-Zip: AUSTIN, TX 78746 City-St-Zip: Title: ( ) Delete Title: () Change () Addition TAYLOR, ADAM Name: Name: 901 S MOPAC, BLDG 3 STE 300 Address: Address: City-St-Zip: AUSTIN, TX 78746 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HAGEDORN, ALAN Name: Name: 901 S MOPAC, BLDG 3 STE 300 Address: Address: City-St-Zip: City-St-Zip: AUSTIN, TX 78746

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: WILLIAM R. PAAPE VP 03/25/2009