

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839235

Entity Name: NEOPOST INC.

FILED  
Jan 20, 2009  
Secretary of State

**Current Principal Place of Business:**

30955 HUNTWOOD AVE  
HAYWARD, CA 94544

**New Principal Place of Business:**

**Current Mailing Address:**

30955 HUNTWOOD AVE  
HAYWARD, CA 94544

**New Mailing Address:**

FEI Number: 94-2388882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: S ( ) Delete  
Name: SHANKLE, KIRK  
Address: 30955 HUNTWOOD AVE  
City-St-Zip: HAYWARD, CA 94544

Title: P/D ( ) Delete  
Name: O'BRIEN, CHRISTOPHER  
Address: 30955 HUNTWOOD AVE.  
City-St-Zip: HAYWARD, CA 94544

Title: VP ( ) Delete  
Name: ASSOUS, FALORICE  
Address: 30955 HUNTWOOD AVE  
City-St-Zip: HAYWARD, CA 94544

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

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

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

Title: VP (X) Change ( ) Addition  
Name: ASSOUS, FABRICE  
Address: 30955 HUNTWOOD AVE  
City-St-Zip: HAYWARD, CA 94544

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: FABRICE ASSOUS

VP

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date