

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000675

FILED  
Mar 30, 2010  
Secretary of State

Entity Name: CLARIFI, INC.

**Current Principal Place of Business:**

55 WATER STREET  
NEW YORK, NY 10020

**New Principal Place of Business:**

**Current Mailing Address:**

1221 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

**New Mailing Address:**

FEI Number: 65-0977613      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: PRES  
Name: SHARMA, DEVON  
Address: 1221 AVE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

Title: VP  
Name: MILANO, PATRICK  
Address: 1221 AVE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

Title: VP  
Name: FLANAGAN, DEBORAH M  
Address: 1221 AVE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

Title: SECR  
Name: POON, LINDA  
Address: 1221 AVE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

Title: TREA  
Name: O'MELIA, ELIZABETH  
Address: 1221 AVE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10020

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: PETER SCHECHUK

VP

03/30/2010

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

\_\_\_\_\_ Date