2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005097

Entity Name: MOBILESYS, INC

FILED Jan 19, 2004 Secretary of State

Entity Nan	ne: MOBILES	YS, INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	EVELYN AVE. LE, CA 94086				
Current Mailing Address:			New Mailing Address:		
	EVELYN AVE. LE, CA 94086				
FEI Number:	77-0505044	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS TALLAHAS	SSEE, FL 3230	112525 US			
The above in the State		ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	c Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () HOFFMAN, WIL 12650 DEERFIE ALPHARETTA, (ELD PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP () RISSMAN, PAM 485 EAST EVEL SUNNYVALE, C	YN AVE.	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition EMMET, EDWIN 485 EAST EVELYN AVE. SUNNYVALE, CA 94086	
Title: Name: Address: City-St-Zip:	D () ABBOTT, ROBE 525 UNIVERSIT PALO ALTO, CA	Y AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GOODRICH, R. 2 EMBARAADER SAN FRANCISC	RO #2300	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GOODRICH, R. THOMAS 2 EMBARCADERO #2300 SAN FRANCISCO, CA 94111	
Title: Name: Address: City-St-Zip:	D () ABELMAN, RON 242 ST. PAUL D ALAMAO, CA 9-	RIVE	Title: Name: Address: City-St-Zip:	ASEC (X) Change () Addition HASLER, THOMAS M 485 EAST EVELYN AVE. SUNNYVALE, CA 94086 US	
Title:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: THOMAS HASLER ASEC 01/19/2004

20111 STEVENS CREEK BLVD.

City-St-Zip: CUPERTINO, CA 95014

Address: