

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005097

Entity Name: MOBILESYS, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

485 EAST EVELYN AVE.  
SUNNYVALE, CA 94086

## New Principal Place of Business:

## Current Mailing Address:

485 EAST EVELYN AVE.  
SUNNYVALE, CA 94086

## New Mailing Address:

FEI Number: 77-0505044

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: PCEO ( ) Delete  
Name: HOFFMAN, WILLIAM  
Address: 12650 DEERFIELD PKWY  
City-St-Zip: ALPHARETTA, GA 30004

Title: EVP ( ) Delete  
Name: EMMET, EDWIN  
Address: 485 EAST EVELYN AVE.  
City-St-Zip: SUNNYVALE, CA 94086

Title: D ( ) Delete  
Name: ABBOTT, ROBERT  
Address: 525 UNIVERSITY AVE.  
City-St-Zip: PALO ALTO, CA 94301

Title: D ( ) Delete  
Name: GOODRICH, R. THOMAS  
Address: 2 EMBARCADERO #2300  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: ASEC ( ) Delete  
Name: HASLER, THOMAS M  
Address: 485 EAST EVELYN AVE.  
City-St-Zip: SUNNYVALE, CA 94086 US

Title: D ( ) Delete  
Name: CERRUDO, SHIRLEY  
Address: 20111 STEVENS CREEK BLVD.  
City-St-Zip: CUPERTINO, CA 95014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: CLARK, JEFFREY  
Address: 485 EAST EVELYN AVENUE  
City-St-Zip: SUNNYVALE, CA 94086

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

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

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

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

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

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.

SIGNATURE: THOMAS M. HASLER

ASEC

04/28/2005

Electronic Signature of Signing Officer or Director

Date