2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000005097

Entity Name: MOBILESYS, INC.

FILED Nov 09, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
485 EAST EVELYN AVE. SUNNYVALE, CA 94086						
Current Mailing Address:			New Maili	New Mailing Address:		
485 EAST EVELYN AVE. SUNNYVALE, CA 94086						
FEI Number:	77-0505044	FEI Number Applied For ()	FEI Number Not Appl	clicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above in the State		submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,		
SIGNATURE: JANET BUDHU						
	Electror	nic Signature of Registered Age	ent	Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notic	ce.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO (CLARK, JEFFF 485 EAST EVE SUNNYVALE, C	LYN AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	EVP (EMMET, EDWI 485 EAST EVE SUNNYVALE, C	LYN AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (ABBOTT, ROBI 525 UNIVERSI PALO ALTO, C	ΓΥ AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (GOODRICH, R 2 EMBARCADE SAN FRANCISO	ERO #2300	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ASEC (HASLER, THOM 485 EAST EVE SUNNYVALE, C	LYN AVE.	Title: Name: Address: City-St-Zip:	CONT (X) Change () Addition TIGHE, EUGENE 485 EAST EVELYN AVE. SUNNYVALE, CA 94086 US		
Title: Name: Address: City-St-Zip:	CERRUDO, SH	IS CREEK BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
I hereby certify that the information supplied with this filing does not qualify for the 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						

SIGNATURE: EUGENE TIGHE CONT

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date

11/09/2006