2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 01, 2004 8:00 am Secretary of State

	ANNUAL	. REPORT			Seci	etary of	State	
DOCUMENT # F01000000531					07-01	-2004 90002 008 **	**150.00	
1. Entity Name IANYWHERE SOLUTIONS, INC.								
17.14 1 441 11								
Principal Place of Business Mailing Address						54059493	}	
ONE SYBASE DRIVE		ONE SYBASE DRIVE				01000100	,	
DUBLIN, CA	94568	DUBLIN, CA 94568						
Principal Place of Business 3. Mailing Address			<u> </u>					
2. Principal Place of Business		3. Ivialing Address			IIII BBIBI HBU BBUI BBITI	18 111 88 16 88 111 6818 1 8 11 88 111 8 1 41		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082003	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Num	_{ber} 15642	\ 	pplied For at Applicable	
Zip	Country	Zip	Country		te of Status Desired	\$9.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New	Registered Agent		
CORPORATION SERVICE COMPANY				Name.				
1201 HAY	SSTREET	Street Address (dress (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
TALLAHAS 	SSEE, FL 32301-2525	•				-4		
	9 		City			FL Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing its r	registered office or re	egistered agent, or t	ooth, in the State of		and accept	
the obligat	ions of registered agent.							
SIGNATURE_	Signature, typed or printed riame of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when rainstating)		DATE		
FÍI	LE NOW!!! FEE IS \$150.00	9. Election Campaig	gn Financing	\$5.00 May Be	In accordance	e with s. 607.193(2)(b),	F.S. the	
	ue by September 8, 2004	Trust Fund Contri	bution.	Added to Fees		id not receive the prior		
10.	OFFICERS AND	DIRECTORS	11.	ADDITION	S/CHANGES TO O	FFICERS AND DIRECTOR	S IN 11	
TITLE NAME	VCFO VAN DER VORST, PIETER	☐ Delete	TITLE NAME		•	Change	☐ Addition	
STREET ADDRESS	612 PASATIEMPO COURT		STREET ADDRESS					
CITY-ST-ZIP	PLEASANT HILL, CA 94523		CITY-ST-ZIP					
TITLE NAME	PD STEPIEN, TERRY	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	ET ADDRESS 6 JESSICA LANE, GUELPH, ONTARIO STR		STREET ADDRESS		•			
CITY-ST-ZIP	CANADA N1H6J1, VSD	<u> </u>	CITY-ST-ZIP			Change	- Addition	
TITLE NAME === = = ===	CARL, DAN.R.	Delete	TITLE NAME		المن العاديات الرجامة مديات وجع	☐ Change	Addition	
STREET ADDRESS	1081 COUNTRY CLUB		STREET ADDRESS		•			
CITY-ST-ZIP	MORAGA, CA 94556	☐ Delete	CITY-ST-ZIP			☐ Change	Addition	
NAME	IREY, SCÖTT		NAME					
STREET ADDRESS CITY-ST-ZIP	324 MERRILEE PLACE DANVILLE, CA 94526		STREET ADDRESS CITY-ST-ZIP					
TITLE	AS	☐ Delete	TITLE	 -		Change	Addition	
NAME OXEST LEBESON	CHUH, TERESA D		NAME					
STREET ADDRESS CITY-ST-ZIP	1029 NEILSON STREET ALBANY, CA 94706		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	·		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	1	the state of the s	CHY-ST-ZIP	J	0000 El 11 00 7	16. at		
12. I hereby indicated	certify that the information supplied wit on this report or supplemental report	n this filing does not qualify for is true and accurate and that m	tne exemption state iv signature shall ha	a in Section 119.07(ve the same legal ef	ع)(۱), Florida Statute lect as if made und	s. I rurther certify that the i er oath: that I am an officer	mormation . or director	

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all otherwise empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Altachment 54059493

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Glenda E. Hood Secretary of State

May 14, 2004

IANYWHERE SOLUTIONS, INC. ONE SYBASE DRIVE DUBLIN, CA 94568

SUBJECT: IANYWHERE SOLUTIONS, INC.

Ref. Number F01000000531

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker Document Specialist

Letter Number: 204A00033735

Attachment Page 1 of 1 5405949;



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: F01000000531

Tracking Number: 000034703410

The charge for your Annual Report is \$150.00

If you want to review your document use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

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