

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90111 045 ***150.00

DOCUMENT # F01000002473

1. Entity Name
SEQUOIA VOTING SYSTEMS, INC.



Principal Place of Business

**7677 OAKPORT STREET
SUITE 800
OAKLAND, CA 94621**

Mailing Address

**7677 OAKPORT STREET
STE 800
OAKLAND, CA 94621**

40003824



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
37-1274619

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BLAINE, JACK A
STREET ADDRESS 7677 OAKPORT STREET, STE 800
CITY- ST- ZIP OAKLAND, CA 94621

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VD ☐ Delete
NAME MCMANEMY, PETER
STREET ADDRESS 7677 OAKPORT STREET, STE 800
CITY- ST- ZIP OAKLAND, CA 94621

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SD ☒ Delete
NAME HURST, KEVIN
STREET ADDRESS 1001 BROKEN SOUND PARKWAY
CITY- ST- ZIP BOCA RATON, CA 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☒ Delete
NAME MUGICA, ANTONIO
STREET ADDRESS 1001 BROKEN SOUND PARKWAY
CITY- ST- ZIP BOCA RATON, CA 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MILLER, HARRIS
STREET ADDRESS 1309 SUMMERWOOD COURT
CITY- ST- ZIP MCLEAN, VA. 22102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter McManemy

1/10/08

510-875-1200