## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000002896  1. Entity Name CORRLOGIC, INC.									FILED  04 MAR 29 AH II: 56				
Principal Place	e of Business	Mailing Address					TALI	LAHASSEE, I	£0880	÷ 1			
4720 WALNUT STREET BOULDER, CO 80301				C.O TIBURON INC 39350 CIVIC CTR DR STE 280 FREMONT, CA 94538					: 11 F    1      ÎÎ      1     1				
2. Principal P	face of Busin		3. Mailing Address								51 <u>5411 1111 1</u> 1		
Suite, Apt. #, etc.				Sulte, Apt. #, etc.					03242004	Chg-P	CR2E0	34 (10/03)	
City & State				City & State					4. FEI Numb 52-217			<u> </u>	plied For t Applicable
Zip	Country			Zip Co			try -		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	egistered Ag	ent		7. Name and Address of New Registered Agent Name									
MYERS, JULIE									T CORPORATION SYSTEM				
SMITH, BF 311 EAST				c/o (	CT (	ess (P.O. Box Number is Not Acceptable) F. Corporation System							
TALLAHAS					So	South Pine Island Road							
L								ant	ation		FL	Zip Cod	324
8. The above the obligat	remed entity	y submits this state	ernent for t	he purpose o	f changing its	register				th, in the State of Flo			
the obligation of personage the straight of th													24
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.)  (NOTE: Registered Agent and are of registered agent and title if applicable.)													
									.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS								ADDITIONS	CHANGES TO OFF	ICERS AND		
TITLE NAME	S ROCK, W	ILLIAM C		☐ Delete TITL NAM							☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STR CITY								
TITLE	PDCO	<del></del>			Delete	TITL	E					☐ Change	Addition
NAME STREET ADDRESS	BUNYARD, GARY  SS 1417 AKAGI LN			NAM STRI			ET ADDRESS	300032495443 04/12/0401115003 **150,00					ກກ
CITY-ST-ZIP	DRAPER, UT 84020						-ST-ZIP		O 11 44	U1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~~. ~~	
TITLE	V TECHNEL BI	ERG, GEOFFRE	.v	<u>-</u>	Delete	TITLE		. <b>V</b> .	PT		_	Change _	Addition
NAME STREET ADDRESS	1	IONAL DR			NAM STRE	ET ADDRESS							
CITY-ST-ZIP	<del></del>	R, MD 21076				-1	-ST-ZIP						
TITLE NAME	C   KELLING,	BRUCE		İ	<b>X</b> Delete	TITLI	- 1					Change	☐ Addition
STREET ADDRESS	1266 KOI						ET ADDRESS - ST-ZIP						
TITLE	FREMUN	T, CA 94536			Delete	TITL		VP				☐ Change	★ Addition
NAME						NAM	£	. –	ZUM, CI	HUCK		_ , ,	
STREET ADDRESS CITY-ST-ZIP							ET ADDRESS - ST-ZIP	39	350 Ci	vic Cente			
TITLE		<del></del>			☐ Delete	TITL	- 1	Fr	emont,	CA 94538	-	☐ Change	☐ Addition
Name Street address						NAM STRE	E ET ADDRESS						
· CITY-ST-ZIP							-ST-ZIP						
indicated	on this repor	t or supplemental	report is to	rue and accu	rate and that r	my signa	ture shall ha	ve the s	same legal effe	(i), Florida Statutes. I ot as if made under o	oath; that I a	m 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: Chuck Nuzum 3/23/64 510-792-2108  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT. FIVANCE Daytime Phone &													
					<u>/</u>		VILE	ME	-145 MT-14	ANCE			