

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90126 049 \*\*\*150.00

<b>DOCUMENT # F01000003106</b>	
1. Entity Name <b>CAMSTAR SYSTEMS, INC.</b>	



Principal Place of Business <b>900 EAST HAMILTON AVE., SUITE 400 CAMPBELL, CA 95008</b>	Mailing Address <b>900 EAST HAMILTON AVE., SUITE 400 CAMPBELL, CA 95008</b>
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**50051644**

2. Principal Place of Business <b>2815 Coliseum Centre Dr.</b>	3. Mailing Address <b>2815 Coliseum Centre Dr.</b>
Suite, Apt. #, etc. <b>Suite 600</b>	Suite, Apt. #, etc. <b>Suite 600</b>
City & State <b>Charlotte, NC</b>	City & State <b>Charlotte, NC</b>
Zip <b>28217</b>	Country <b>Mecklenburg</b>



05052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>94-2996486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CONE, JAMES D 900 EAST HAMILTON AVE., SUITE 400 CAMPBELL, CA 95008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cone, James D. 13055 La Vista Drive Saratoga, CA 95070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MARDAN, DARIOUSH 900 E. HAMILTON AVE., STE. 400 CAMPBELL, CA 95008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/CFO Mardan, Darioush 7 Mahogany Drive Irvine, CA 92620 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARHART, HOWARD 477 N. MATHILDA AVENUE SUNNYVALE, CA 94086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BRIAN 2400 SAND HILL ROAD, #100 MENLO PARK, CA 94025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADSWORTH, ROBERT ONE FINANCIAL CENTER, 44TH FLOOR BOSTON, MA 02111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MICHAEL 19200 VON KARMAN AVENUE IRVINE, CA 926121540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Lisa Reynolds 5/6/05 (704) 227-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 50051644  
# F01000003106

Additional Officer

President/CEO  
Toney, Scott  
2815 Coliseum Centre Dr., Ste. 600  
Charlotte, NC 28217