

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004645

Entity Name: CLEARORBIT, INC.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

6805 CAPITAL OF TX HIGHWAY  
SUITE 370  
AUSTIN, TX 78731

## New Principal Place of Business:

## Current Mailing Address:

6805 N. CAPITAL OF TEX HIGHWAY  
SUITE 370  
AUSTIN, TX 78731

## New Mailing Address:

6805 CAPITAL OF TX HIGHWAY  
SUITE 370  
AUSTIN, TX 78731

FEI Number: 74-2960432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REECE, JOHN  
Address: 6805 CAPITAL OF TEXAS HIGHWAY, #370  
City-St-Zip: AUSTIN, TX 78731

Title: T (X) Delete  
Name: DENTON, CHAD  
Address: 6805 CAPITAL OF TEXAS HIGHWAY, #370  
City-St-Zip: AUSTIN, TX 78731

Title: S ( ) Delete  
Name: LATUPALLI, BALA  
Address: 600 COLLEGE ROAD EAST, SUITE 3500  
City-St-Zip: PRINCETON, NJ 08540

Title: D ( ) Delete  
Name: YELESWARAPU, RAM  
Address: 600 COLLEGE ROAD EAST, SUITE 3500  
City-St-Zip: PRINCETON, NJ 08540

Title: D ( ) Delete  
Name: RAVI, D.V.  
Address: 600 COLLEGE ROAD EAST, SUITE 3500  
City-St-Zip: PRINCETON, NJ 08540

Title: D ( ) Delete  
Name: SRIDHARAN, SIVAN  
Address: 600 COLLEGE ROAD EAST, SUITE 3500  
City-St-Zip: PRINCETON, NJ 08540

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN REECE

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date