FILED

Sep 09, 2003 8:00 am Secretary of State

09-09-2003 90027 029 ***550.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT :	#	
------------	---	--

F01000006182

1. Entity Name

SPYRUS, INC.



Principal Place of Business Mailing Address 2355 OAKLAND ROAD, SUITE 1 2355 OAKLAND ROAD. SUITE 1 SAN JOSE CA 95131 SAN JOSE CA 95131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 77-0321591 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLISLE, REID Street Address (P.O. Box Number is Not Acceptable) 1728 BRIGHTWATERS BLVD., NE ST. PETERSBURG FL 33704 City 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. SIGNATÙRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEOD ☐ Delete TITLE ☐ Change ☐ Addition PONTIUS, SUE NAME NAME STREET ADDRESS 520 HIGH DRIVE STREET ADDRESS LAGUNA BEACH CA 92651 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DICKENS, TOM NAME STREET ADDRESS 520 HIGH DRIVE STREET ADDRESS CITY-ST-ZIP LAGUNA BEACH CA 92651 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME MILLER, JOHN STREET ADDRESS 208 KENSINGTON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GARDEN CITY NY 11530** □ Delete TITLE ☐ Change ☐ Addition NAME ALMOJUELA, EDWARD NAME STREET ADDRESS 11160 ANDERSON LANDING NW STREET ADDRESS CITY-ST-ZIP SILVERDALE WA 98383 CITY-ST-7IP TITLE □ Delete Change ☐ Addition SOLANO, SCOTT NAME NAME STREET ADDRESS 190 THATCHERS HILLS ROAD STREET ADDRESS CITY-ST-ZIP FLEMINGTON NJ 08822 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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