


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90042 002 ***150.00

DOCUMENT # F02000004638	
1. Entity Name CLARK VENTURES, INC.	

Principal Place of Business 777 E. WILLIAM STREET SUITE 200 CARSON CITY, NV 89701	Mailing Address 1700 SEAPORT BLVD 4TH FLOOR REDWOOD CITY, CA 94063
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1080 MARSH ROAD SUITE 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MENLO PARK, CA
Zip	Zip 94025
Country	Country

400000000

01152008 Chg-P CR2E034 (12/06)

4. FEI Number
86-0853535

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 requires 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMSTRONG, HARVEY L 1700 SEAPORT BLVD, 4TH FLOOR REDWOOD CITY, CA 94063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMSTRONG, HARVEY L 1080 MARSH ROAD, SUITE 100 MENLO PARK, CA 94025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 a power like empowered.

SIGNATURE: Harvey L. Armstrong, Sec Date: 1/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR