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Secretary of State

01-10-2005 90043 013 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001705

1. Entity Name
SCIMAGE, INC.

b6001299

Principal Place of Business	Mailing Address
4916 EL CAMINO REAL, SUITE 200 LOS ALTOS, CA ~~94002~~ 94022	4916 EL CAMINO REAL, SUITE 200 LOS ALTOS, CA ~~94002~~ 94022

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		4916 EL CAMINO REAL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 200	
City & State		City & State LOS ALTOS, CA	
Zip	Country	Zip 94022	Country

4. FEI Number 33-0598173 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZANOTELLI, DAVID W 1014 WOODFIELD CIRCLE PALM BEACH GARDENS, FL 33418	Name FREDERICK NEUMANN Street Address (P.O. Box Number is Not Acceptable) 213 HARBOR DRIVE WEST INDIAN HARBOR BEACH City FL Zip Code 32937

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 FRITZ NEUMANN [signature] 1/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RAYA, SAI 4916 EL CAMINO REAL, SUITE 200 LOS ALTOS, CA 94002	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RAYA, MADVI 4916 EL CAMINO REAL, SUITE 200 LOS ALTOS, CA 94002	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] MADVI RAYA 1/6/05 650-230-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #