


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90002 050 ***150.00

DOCUMENT # F03000002740 1. Entity Name NEXTAG, INC.					
Principal Place of Business 1300 SOUTH EL CAMINO REAL SAN MATEO, CA 94402			Mailing Address 1300 SOUTH EL CAMINO REAL SAN MATEO, CA 94402		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 94-3316613			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TAYLOR, DAVE 2331 HANSEN PLACE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD OJHA, PURNENDU <input type="checkbox"/> Delete 1300 SOUTH EL CAMINO REAL, SUITE 201 SAN MATEO, CA 94402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OJHA, PURNENDU 1300 SOUTH EL CAMINO REAL, SUITE 600 SAN MATEO, CA 94402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTIZ, RAFAEL <input type="checkbox"/> Delete 1300 SOUTH EL CAMINO REAL, SUITE 201 SAN MATEO, CA 94402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ORTIZ, RAFAEL 1300 SOUTH EL CAMINO REAL, SUITE 600 SAN MATEO, CA 94402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, SCOTT <input type="checkbox"/> Delete 1300 SOUTH EL CAMINO REAL, SUITE 201 SAN MATEO, CA 94402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STANGER, GREGORY 528 RAMONA STREET. PALO ALTO, CA 94301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, GARY <input type="checkbox"/> Delete 2730 SANDHILL ROAD, SUITE 280 MENLO PARK, CA 94025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LITTLE, GARY 2710 SANDHILL ROAD, SUITE 100 MENLO PARK, CA 94025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHARTON, GREG <input type="checkbox"/> Delete 1300 SOUTH EL CAMINO REAL SAN MATEO, CA 94402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WHARTON, GREGORY 1300 SOUTH EL CAMINO REAL, SUITE 201 SAN MATEO, CA 94402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOTH, DAVID <input type="checkbox"/> Delete 3519 KAMP DRIVE PLEASANTON, CA 94588		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 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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	