

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002740

Entity Name: NEXTAG, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

1300 SOUTH EL CAMINO REAL
SUITE 600
SAN MATEO, CA 94402

New Principal Place of Business:

Current Mailing Address:

1300 SOUTH EL CAMINO REAL
SUITE 600
SAN MATEO, CA 94402

New Mailing Address:

FEI Number: 94-3316613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, DAVE
2331 HANSEN PLACE
TALLAHASSEE, FL 32301 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: PTD () Delete
Name: OJHA, PURNENDU
Address: 1300 S. EL CAMINO REAL, SUITE 600
City-St-Zip: SAN MATEO, CA 94402

Title: V (X) Delete
Name: ORTIZ, RAFAEL
Address: 1300 S EL CAMINO REAL, SUITE 600
City-St-Zip: SAN MATEO, CA 94402

Title: V () Delete
Name: SIMMONS, SCOTT
Address: 1300 S EL CAMINO REAL, SUITE 600
City-St-Zip: SAN MATEO, CA 94402

Title: D () Delete
Name: STERN, CRAIG
Address: 50 KENNEDY PLAZA
City-St-Zip: PROVIDENCE, RI 02903

Title: V () Delete
Name: IMBLER, STEPHEN
Address: 1300 S EL CAMINO REAL, SUITE 600
City-St-Zip: SAN MATEO, CA 94402

Title: D () Delete
Name: DOBRON JR., ALBERT
Address: 50 KENNEDY PLAZA
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OJHA, PURNENDU
Address: 1300 S. EL CAMINO REAL, SUITE 600
City-St-Zip: SAN MATEO, CA 94402

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

Title: P (X) Change () Addition
Name: SIMMONS, SCOTT
Address: 1300 S EL CAMINO REAL, SUITE 600
City-St-Zip: SAN MATEO, CA 94402

Title: D (X) Change () Addition
Name: SALEM, PAUL
Address: 50 KENNEDY PLAZA
City-St-Zip: PROVIDENCE, RI 02903

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: STEPHEN IMBLER

V

03/19/2009

Electronic Signature of Signing Officer or Director

Date