

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002983

FILED  
Mar 31, 2007  
Secretary of State

Entity Name: INTERNAL DRIVE INC.

## Current Principal Place of Business:

42 WEST CAMPBELL AVE. SUITE 301  
CAMPBELL, CA 95008

## New Principal Place of Business:

42 WEST CAMPBELL AVE.  
SUITE 301  
CAMPBELL, CA 95008 US

## Current Mailing Address:

42 WEST CAMPBELL AVE. SUITE 301  
CAMPBELL, CA 95008

## New Mailing Address:

PO BOX 924  
LOS GATOS, CA 95031

FEI Number: 77-0505298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHER-COLLADO, LINDA  
UNIVERSITY CENTER, UNIVERSITY OF MIAMI  
1306 STANFORD DR.  
CORAL GABLES, FL 33155 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: P ( ) Delete  
Name: INGRAM-CAUCHI, PETE  
Address: 1885 WINCHESTER BLVD., SUITE 201  
City-St-Zip: CAMPBELL, CA 95008

Title: S ( ) Delete  
Name: BAUMEL, MATT  
Address: 1885 WINCHESTER BLVD., SUITE 201  
City-St-Zip: CAMPBELL, CA 95008

Title: T ( ) Delete  
Name: STOUT, ALEXA  
Address: PO BOX 2543  
City-St-Zip: REDMOND, WA 98073

Title: B (X) Delete  
Name: TOBIN, PETER  
Address: 1885 WINCHESTER BLVD., SUITE 201  
City-St-Zip: CAMPBELL, CA 95008

Title: B (X) Delete  
Name: NANCY, MAHAFFEY  
Address: 1885 WINCHESTER BLVD., SUITE 201  
City-St-Zip: CAMPBELL, CA 95008

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: INGRAM-CAUCHI, PETE  
Address: 42 WEST CAMPBELL AVE., SUITE 301  
City-St-Zip: CAMPBELL, CA 95008

Title: S (X) Change ( ) Addition  
Name: SCHRECKENGAST, ALISA  
Address: 42 WEST CAMPBELL AVE., SUITE 301  
City-St-Zip: CAMPBELL, CA 95008

Title: P (X) Change ( ) Addition  
Name: STOUT, ALEXA  
Address: PO BOX 2543  
City-St-Zip: REDMOND, WA 98073

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 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: ALEXA STOUT

P

03/31/2007

Electronic Signature of Signing Officer or Director

Date