

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000005305

FILED
Nov 08, 2006
Secretary of State

Entity Name: ENVIRONMENTAL & OCCUPATIONAL RISK MANAGEMENT, INC.

Current Principal Place of Business:

283 EAST JAVA DRIVE
SUNNYVALE, CA 94089

New Principal Place of Business:

Current Mailing Address:

283 EAST JAVA DRIVE
SUNNYVALE, CA 94089

New Mailing Address:

FEI Number: 77-0311521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, MARK
7034 HONEYSUCKLE TRAIL
LAKEWOOD RANCH, FL 34202 US

Name and Address of New Registered Agent:

CHIVINGTON, GAIL
749 BLUFF VIEW DRIVE
TAMPA, FL 33770 US

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: GAIL CHIVINGTON

11/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: FISHLER, GLENN
Address: 283 EAST JAVA DRIVE
City-St-Zip: SUNNYVALE, CA 94089

Title: VD () Delete
Name: MACINTYRE, ANDREW
Address: 283 EAST JAVA DRIVE
City-St-Zip: SUNNYVALE, CA 94089

Title: CFO () Delete
Name: MCKIM, JANICE
Address: 283 EAST JAVA DRIVE
City-St-Zip: SUNNYVALE, CA 94089

Title: D () Delete
Name: SHERIN, BRIAN
Address: 283 EAST JAVA DRIVE
City-St-Zip: SUNNYVALE, CA 94089

Title: SD () Delete
Name: CARTER, JENNI
Address: 18200 WALNUT ROAD
City-St-Zip: CASTRO VALLEY, CA 94546

Title: D () Delete
Name: MACIAG, GEORGE
Address: THREE LAGON DRIVE, SUITE 125
City-St-Zip: REDWOOD SHORES, CA 94065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CFO (X) Change () Addition
Name: JOHNSON, PAUL
Address: 283 EAST JAVA DRIVE
City-St-Zip: SUNNYVALE, CA 94089

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

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: PAUL D JOHNSON

CFO

11/08/2006

Electronic Signature of Signing Officer or Director

Date