

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000004525

1. Entity Name
SOVEREIGN INVESTMENT COMPANY



Principal Place of Business
777 CALIFORNIA AVE.
PALO ALTO, CA 94304

Mailing Address
777 CALIFORNIA AVE.
PALO ALTO, CA 94304

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

34-1975579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
NRAI services INC.
Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive
Suite 4
Weston FL Zip Code 33331

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

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 January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MARCUS, GEORGE
777 CALIFORNIA AVE.
PALO ALTO, CA 94304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCP
MAVOIDES, PETER
116 VILLAGE BLVD., SUITE 200
PRINCETON, NJ 08540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HOPPEN, JEFFREY
777 CALIFORNIA AVE.
PALO ALTO, CA 94304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LORENZ, DONALD
777 CALIFORNIA AVE.
PALO ALTO, CA 94304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KENNIS, ROBERT
777 CALIFORNIA AVE.
PALO ALTO, CA 94304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100061066511
11/01/05--01028--003 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500061066575
11/01/05--01028--004 **\$8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 or without other name, empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary Robert H. Kennis

Date

Daytime Phone #

10-13-05