

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000496

FILED
Jul 21, 2008
Secretary of State

Entity Name: COAPT SYSTEMS, INC.

Current Principal Place of Business:

1820 EMBARCADERO RD.
PALO ALTO, CA 94303

New Principal Place of Business:

Current Mailing Address:

1820 EMBARCADERO ROAD
PALO ALTO, CA 94303

New Mailing Address:

FEI Number: 94-3361857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: NOHRA, GUY
Address: 1820 EMBARCADERO RD.
City-St-Zip: PALO ALTO, CA 94303

Title: D () Delete
Name: AHRENS, BRENT
Address: 1820 EMBARCADERO RD.
City-St-Zip: PALO ALTO, CA 94303

Title: D () Delete
Name: SEARS, LOWELL
Address: 1820 EMBARCADERO RD.
City-St-Zip: PALO ALTO, CA 94303

Title: D () Delete
Name: LARKIN, KEVIN
Address: 1820 EMBARCADERO RD.
City-St-Zip: PALO ALTO, CA 94303

Title: P () Delete
Name: ANSTEY, KEN
Address: 1820 EMBARCADERO RD.
City-St-Zip: PALO ALTO, CA 94303

Title: VCFO () Delete
Name: KANAR, THOMAS J
Address: 1820 EMBARCADERO RD.
City-St-Zip: PALO ALTO, CA 94303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: P (X) Change () Addition
Name: DEBUONO, LAUREEN
Address: 1820 EMBARCADERO RD.
City-St-Zip: PALO ALTO, CA 94303

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: THOMAS J. KANAR

VCFO

07/21/2008

Electronic Signature of Signing Officer or Director

_____ Date