

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003558

FILED  
Jan 04, 2010  
Secretary of State

Entity Name: DIGITAL MAP PRODUCTS, INC.

## Current Principal Place of Business:

18831 VON KARMAN AVENUE  
200  
IRVINE, CA 92612 US

## New Principal Place of Business:

## Current Mailing Address:

18831 VON KARMAN AVENUE  
200  
IRVINE, CA 92612 US

## New Mailing Address:

FEI Number: 20-1430696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
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: CST  
Name: PSOMAS, TIM  
Address: 18831 VON KARMAN AVENUE, SUITE 200  
City-St-Zip: IRVINE, CA 92612

Title: D  
Name: HAMERSLAG, STEVE  
Address: 18831 VON KARMAN AVENUE, SUITE 200  
City-St-Zip: IRVINE, CA 92612

Title: D  
Name: DUFFY, JAMES  
Address: 18831 VON KARMAN AVENUE, SUITE 200  
City-St-Zip: IRVINE, CA 92612

Title: DP  
Name: SKURZYNSKI, JAMES  
Address: 18831 VON KARMAN AVENUE, SUITE 200  
City-St-Zip: IRVINE, CA 92612

Title: D  
Name: CULVER, BRUCE  
Address: 18831 VON KARMAN AVENUE, SUITE 200  
City-St-Zip: IRVINE, CA 92612

I hereby 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 all other like empowered.

SIGNATURE: TIM PSOMAS

CST

01/04/2010

Electronic Signature of Signing Officer or Director

Date