

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003580

FILED
Apr 29, 2011
Secretary of State

Entity Name: TIMBRE TECHNOLOGIES, INC.

Current Principal Place of Business:

3100 W. WARREN AVENUE
FREMONT, CA 94538 US

New Principal Place of Business:

3100 W. WARREN AVENUE
FREMONT, CA 94538 US

Current Mailing Address:

3100 W. WARREN AVENUE
FREMONT, CA 94538 US

New Mailing Address:

3100 W. WARREN AVENUE
FREMONT, CA 94538 US

FEI Number: 94-3310672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: ITO, HIKARU
Address: 3-1 AKASAKA 5-CHOME
City-St-Zip: MINATO-KU, TOKYO, JP 107-6325 JP

Title: PD
Name: HAMAJIMA, MASAHIKO
Address: 3100 WEST WARREN AVE.
City-St-Zip: FREMONT, CA 94538 US

Title: S
Name: PAPP, ZOLTAN
Address: 2400 GROVE BLVD.
City-St-Zip: AUSTIN, TX 78741 US

Title: CFO
Name: SAEKI, YUKIO
Address: 3-1 AKASAKA 5-CHOME
City-St-Zip: MINATO-KU, TOKYO, JP 107-6325 JP

Title: D
Name: WASHINO, KENJI
Address: 3-1 AKASAKA 5-CHOME
City-St-Zip: MINATO-KU, TOKYO, JP 107-6325 JP

Title: D
Name: MAYER, BARRY R
Address: 2400 GROVE BLVD
City-St-Zip: AUSTIN, TX 78741 US

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: ZOLTAN PAPP

S

04/29/2011

Electronic Signature of Signing Officer or Director

_____ Date