

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005898

FILED  
May 17, 2007  
Secretary of State

Entity Name: TURIN NETWORKS, INC.

**Current Principal Place of Business:**

1415 N. MCDOWELL BLVD  
PETALUMA, CA 94954

**New Principal Place of Business:**

**Current Mailing Address:**

1415 N. MCDOWELL BLVD  
PETALUMA, CA 94954

**New Mailing Address:**

FEI Number: 94-3340753      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: PD ( ) Delete  
Name: WASIK, HENRY  
Address: 1415 N. MCDOWELL BLVD  
City-St-Zip: PETALUMA, CA 94954

Title: CP ( ) Delete  
Name: WEBLEY, JOHN  
Address: 1415 N. MCDOWELL BLVD  
City-St-Zip: PETALUMA, CA 94954

Title: S ( ) Delete  
Name: LEAHY, MARK  
Address: 801 CALIFORNIA ST  
City-St-Zip: MOUNTAIN VIEW, CA 94041

Title: VC ( ) Delete  
Name: GREEN, DON  
Address: 1415 N. MCDOWELL BLVD  
City-St-Zip: PETALUMA, CA 94954

Title: D ( ) Delete  
Name: CASSIN, BJ  
Address: 1415 N. MCDOWELL BLVD  
City-St-Zip: PETALUMA, CA 94954

Title: D ( ) Delete  
Name: DOLL, DIXON  
Address: 1415 NO MCDOWELL BLVD  
City-St-Zip: PETALUMA, CA 94954

**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: ( ) 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 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: DAVID ZIMKOWSKI

CONT

05/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date