2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# F05000005898

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

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:	S	(X) Change ( ) Addition
Name:	MAHER, LEAH	
Address:	1415 N, MCDOWELL BLVD	
City-St-Zip:	PETALUMA, CA 94954	
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: KARINA B. JOSTOL DIR 04/10/2009

Electronic Signature of Signing Officer or Director — Date