2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006361

Entity Name: DELAWARE DIGITAL INSIGHT CORPORATION

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
C/O INTUIT INC., ATTN: LEGAL 2700 COAST AVENUE MOUNTAIN VIEW, CA 94043				2700 COAST AVENUE MOUNTAIN VIEW, CA 94043		
Current Mailing Address:				New Mailing Address:		
C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				2700 COAST AVENUE MOUNTAIN VIEW, CA 94043		
FEI Number:	77-0493142	FEI Number Applied For ()	FEI Numb	er Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	N	lame and	Address of New Registered Agent:	
1201 HAYS TALLAHAS	SSEE, FL 3230	012525 US				
	named entity s e of Florida.	submits this statement for the p	urpose of o	changing it	its registered office or registered agent, or both,	
SIGNATUR						
Election Car		ic Signature of Registered Age	nt		Date	
	S AND DIREC		Δ	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:		Delete		itle:	PCEO (X) Change () Addition	
Name: Address: City-St-Zip:	GOODARZI, ŠÁ	SAN ., LEGAL, 2700 COAST AVE	N A	lame: lame: lddress: City-St-Zip:	GOODARZI, SASAN 2700 COAST AVE MOUNTAIN VIEW, CA 94043	
Title: Name: Address: City-St-Zip:	HANK, JEFFRE	., 2700 COAST AVE	N A	ītle: lame: lddress: Dity-St-Zip:	VCFO (X) Change () Addition HANK, JEFFREY P 2700 COAST AVE MOUNTAIN VIEW, CA 94043	
Title: Name: Address: City-St-Zip:	LAWSON, ROB	., 2700 COAST AVE	N A	itle: lame: ddress: city-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () COZZENS, TYL C/O INTUIT INC MOUNTAIN VIE	ER R ., 2700 COAST AVE	N A	itle: lame: \ddress: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HANK, JEFFRE	., 2700 COAST AVE	N A	itle: lame: ddress: city-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOODARZI, SA	., 2700 COAST AVE	N A	itle: lame: lddress: lity-St-Zip:	() Change () Addition	

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: TYLER R. COZZENS S 04/29/2009