## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # F06000002471  1. Entity Name INFOCROSSING WEST, INC.					04-30-2007 90396 032 ***150.00					
Principal Place of Business Mailing Address										
3300 E. BIRCH ST. 3300 E. BIRCH ST. BREA, CA 92821 BREA, CA 92821										
		Sitely on Octob			 	TOUR CUIN DON ÁIN CÓIN CÓIN	T BBIII BBIKA HEN ETAH	MID AI	INCO AL PENI	
2. Principal Place of Business - No P.O. Box # 2. Christie Heights Street 2. Christie Heigh				Sheet						
Suite, Apt.		Suite, Apt. #, etc.			04242007	Chg-P	CR2E034 (1	2/06)		
Leuns	a NS	City & State Leonin, No				,			plied For t Applicable	
Zip			Country USA	-	74-3063 5. Certificate of	of Status Desired		75 Add Required	itional	
0,00	6. Name and Address of Current F		0377		7. Name and	Address of New R				
C T CORPORATION SYSTEM										
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street	Street Address (P.O. Box Number is Not Acceptable)						
	•									
					FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating)  DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.										
10.	OFFICERS AND I		11.	1	ADDITIONS/0	CHANGES TO OFFI				
TITLE NAME			TITLE NAME					Change	Addition	
STREET ADDRESS	2 CHRISTIE HEIGHTS ST. ST		STREET ADDRESS	s						
CITY-ST-ZIP	***		CITY-ST-ZIP							
TITLE NAME	LETIZIA, NICHOLAS	Delete	TITLE NAME				□ {	Change	Addition	
STREET ADDRESS	2 CHRISTIE HEIGHTS ST.		STREET ADDRESS	s						
CITY-ST-ZIP TITLE	LEONIA, NJ 07605	Пол	CITY-ST-ZIP	-				Change	- Addision	
NAME	LONSTEIN, ZACH	☐ Delete	TITLE NAME					ланус	☐ Addition	
STREET ADDRESS	2 CHRISTIE HEIGHTS ST.		STREET ADDRESS	5						
CITY+ST-ZIP	LEONIA, NJ 07605	☐ Delete	CITY+SI-ZIP	7				hange	Addition	
NAME	MEHALE, WILLIAM	Li Decete	NAME	m	HALL	William Heights	C4			
STREET ADDRESS CITY+ST-ZIP	2 CHRISTIE HEIGHTS ST. LEONIA, NJ 07605		STREET ADDRESS CITY-ST-ZiP	5 2	Christia Maria N	T 07005	٠, . م			
TITLE		☐ Delete	TITLE		20111111	4 0 7 0 0 3		Change	☐ Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	°						
TITLE		☐ Delete	TITLE			,		Change	☐ Addition	
name Street address	`		NAME STREET ADDRESS	s						
CITY-ST-ZIP			CITY-ST-ZIP							
49 Iberobur	certify that the information supplied with	this filing does not qualify for	the everntions	contained	Lin Chanter 119	Florida Statutos I	further certify the	at the ir	oformation.	

1. In ereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

MATURE AND TYPED OR PRISTED MAYE OF SIGNING OFFICER OR DIRECTOR

26/07 201-840-4
Date Davisme Phone #

Uilliam MCHAll