## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000004984

Entity Name: GRANICUS INC

Address:

City-St-Zip:

302 WINFIELD STREET

SAN FRANCISCO, CA 94110

FILED May 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 568 HOWARD STREET SUITE 300 SAN FRANCISCO, CA 94105 **New Mailing Address: Current Mailing Address:** 568 HOWARD STREET SUITE 300 SAN FRANCISCO, CA 94105 FEI Number: 91-2010420 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INCORP SERVICES INC 17888 67TH COURT NORTH US LOXAHATCHEE, FL 33470 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOC () Delete () Change () Addition SPENGLER, THOMAS Name: Name: 2690 BAKER STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94123 City-St-Zip: Title: CFO Title: () Delete () Change () Addition Name: JONES, EMERY Name: 1551 46TH AVENUE Address: Address: SAN FRANCISCO, CA 94122 City-St-Zip: City-St-Zip: Title: Title: VC ( ) Delete () Change () Addition JONES, EMERY Name: Name: 1551 46TH AVENUE Address: Address: City-St-Zip: SAN FRANCISCO, CA 94122 City-St-Zip: Title: CTOD () Delete Title: () Change () Addition MUNIZ, JAVIER Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: EMERY JONES CFO 05/21/2008