

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004984

FILED
Jan 15, 2009
Secretary of State

Entity Name: GRANICUS INC

Current Principal Place of Business:

568 HOWARD STREET
SUITE 300
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

568 HOWARD STREET
SUITE 300
SAN FRANCISCO, CA 94105

New Mailing Address:

FEI Number: 91-2010420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCORP SERVICES INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: CEOC () Delete
Name: SPENGLER, THOMAS
Address: 2690 BAKER STREET
City-St-Zip: SAN FRANCISCO, CA 94123

Title: CFO () Delete
Name: JONES, EMERY
Address: 1551 46TH AVENUE
City-St-Zip: SAN FRANCISCO, CA 94122

Title: VC () Delete
Name: JONES, EMERY
Address: 1551 46TH AVENUE
City-St-Zip: SAN FRANCISCO, CA 94122

Title: CTOD (X) Delete
Name: MUNIZ, JAVIER
Address: 302 WINFIELD STREET
City-St-Zip: SAN FRANCISCO, CA 94110

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:

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: CLAUDIA CAIPO

Electronic Signature of Signing Officer or Director

COMP

01/15/2009

_____ Date