## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005462

Entity Name: FORTERRA SYSTEMS, INC.

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2207 BRIDGEPOINTE PARKWAY SUITE 200 SAN MATEO, CA 94404				2207 BRIDGEPOINTE PARKWAY SUITE 200 SAN MATEO, CA 944045061 US			
Current Mailing Address:				New Mailing Address:			
2207 BRIDGEPOINTE PARKWAY SUITE 200 SAN MATEO, CA 94404				2207 BRIDGEPOINTE PARKWAY SUITE 200 SAN MATEO, CA 944045061 US			
FEI Number:	77-0480731	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US							
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.							
SIGNATUR	E:						
	Electronic	Signature of Registered Agen	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ROLSTON, DAVID	INTE PARKWAY SUITE #200		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BLOCH, ALLON	Delete INTE PARKWAY SUITE #200 94404		Title: Name: Address: City-St-Zip:	WHITE, JAMES	OINTE PARKWAY SUITE #200	
Title: Name: Address: City-St-Zip:	GEHORSAM, RO	INTE PARKWAY SUITE #200		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MACEDONIA, MIC	INTE PARKWAY SUITE #200		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WEISS, HARVEY	INTE PARKWAY SUITE #200		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WILSON, MICHAI	INTE PARKWAY SUITE #200		Title: Name: Address: City-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: JIM ANDERSON CNTR 03/13/2009