

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006652

Entity Name: ADCHEMY, INC.

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

203 REDWOOD SHORES PARKWAY
SUITE 125
REDWOOD CITY, CA 94065

New Principal Place of Business:

Current Mailing Address:

203 REDWOOD SHORES PARKWAY
SUITE 125
REDWOOD CITY, CA 94065

New Mailing Address:

FEI Number: 20-1969166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CHRM () Delete
Name: NUKALA, MURTHY C
Address: 203 REDWOOD SHORES PARKWAY #125
City-St-Zip: REDWOOD CITY, CA 94065

Title: V (X) Delete
Name: BRENNAN, EDWARD
Address: 203 REDWOOD SHORES PARKWAY #125
City-St-Zip: REDWOOD CITY, CA 94065

Title: V () Delete
Name: THI THUMASATHIT, VEERAVICH
Address: 203 REDWOOD SHORES PARKWAY #125
City-St-Zip: REDWOOD CITY, CA 94065

Title: D () Delete
Name: MOTWANI, RAJEEV
Address: STANFORD UNIV. DEPT. OF COMPUTER SCIENCE
City-St-Zip: STANFORD, CA 94305

Title: D () Delete
Name: JOHNSTON, JOHN
Address: 2480 SAND HILL ROAD #101
City-St-Zip: MENLO PARK, CA 94025

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MURTHY NUKALA

CHRM

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date