2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006652

Entity Name: ADCHEMY, INC.

FILED Jan 30, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
101 REDW SUITE 300		ES PARKWAY			
REDWOO	D CITY, CA	94065			
Current Mailing Address:			New Maili	New Mailing Address:	
SUITE 300		ES PARKWAY			
	: 20-1969166	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	AND ROAD			
	named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financii	ng Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NUKALA, MUF 101 REDWOO) Delete RTHY C DD SHORES PARKWAY #300 ITY, CA 94065	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LINDERMAN, 101 REDWOO) Delete ROBERT DD SHORES PARKWAY #300 ITY, CA 94065	Title: Name: Address: City-St-Zip:	SECY (X) Change () Addition SETH, RAHOUL 101 REDWOOD SHORES PARKWAY #300 REDWOOD CITY, CA 94065	
Title: Name: Address: City-St-Zip:	MOTWANI, RA	NIV. DEPT. OF COMPUTER SCIENCE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:) Delete	Title: Name:	() Change () Addition	
Name: Address: City-St-Zip:	JOHNSTON, J 2480 SAND H MENLO PARK	ILL ROAD #101	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: LILY FANG CSL 01/30/2009