


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90002 028 \*\*\*150.00

**DOCUMENT # F0600006951**

1. Entity Name  
**CONSENTRY NETWORKS, INC.**



Principal Place of Business      Mailing Address  
**1690 MCCANDLESS DRIVE**      **1690 MCCANDLESS DRIVE**  
**MILPITAS, CA 95035**      **MILPITAS, CA 95035**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40150110



08162007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**48-1291048**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>P</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>BARSI, THOMAS</b>           |                                 |
| STREET ADDRESS | <b>1690 MCCANDLESS DRIVE</b>   |                                 |
| CITY-ST-ZIP    | <b>MILPITAS, CA 95035</b>      |                                 |
| TITLE          | <b>S</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>WHITE, BLAIR</b>            |                                 |
| STREET ADDRESS | <b>50 FREMONT STREET</b>       |                                 |
| CITY-ST-ZIP    | <b>SAN FRANCISCO, CA 94105</b> |                                 |
| TITLE          | <b>T</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>PRINCE, JEFFREY</b>         |                                 |
| STREET ADDRESS | <b>1690 MCCANDLESS DRIVE</b>   |                                 |
| CITY-ST-ZIP    | <b>MILPITAS, CA 95035</b>      |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

**SIGNATURE:**  **THOMAS BARSI**      **8/30/07 (408) 916-1114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone