

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90015 049 ***150.00

DOCUMENT # F06000007324 1. Entity Name VALUE POINT INSURANCE SERVICES, INC.					
Principal Place of Business 2513 CHARLESTON RD., SUITE 10C MOUNTAIN VIEW, CA 94043			Mailing Address 2513 CHARLESTON RD., SUITE 100 MOUNTAIN VIEW, CA 94043		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 100		3. Mailing Address Suite, Apt. #, etc. 100			
City & State 		City & State 		4. FEI Number 87-0745172	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960				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 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOF <input type="checkbox"/> Delete KRISHNAN, SRINIVASAN 2513 CHARLESTON RD., SUITE 100-A MOUNTAIN VIEW, CA 94043				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete SRINIVASAN, SHANKER 2513 CHARLESTON RD., SUITE 100-A MOUNTAIN VIEW, CA 94043				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COWAN, DAVID 2513 CHARLESTON RD., SUITE 100-A MOUNTAIN VIEW, CA 94043				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete COCHRANE, THOMAS 2513 CHARLESTON RD., SUITE 100-A MOUNTAIN VIEW, CA 94043				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ORR, LARRY 2513 CHARLESTON RD., SUITE 100-A MOUNTAIN VIEW, CA 94043				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WOOD, KEN 2513 CHARLESTON RD., SUITE 100-A MOUNTAIN VIEW, CA 94043				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 all other like empowered.					
SIGNATURE 2.25.08 650.230.0080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					