2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# F06000007324

Entity Name: VALUE POINT INSURANCE SERVICES, INC.

Current Principal Place of Business:

2513 CHARLESTON RD., SUITE 100
MOUNTAIN VIEW, CA 94043

New Principal Place of Business:

Current Mailing Address:

2513 CHARLESTON RD., SUITE 100
MOUNTAIN VIEW, CA 94043

New Mailing Address:

FEI Number: 87-0745172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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:	CEOF	( ) Delete
Name:	KRISHNAN, SRINIVASAN	
Address:	2513 CHARLESTON RD., SUITE 100-A	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	V	( ) Delete
Name:	SRINIVASAN, SHANKER	
Address:	2513 CHARLESTON RD., SUITE 100-A	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	D	( ) Delete
Name:	COWAN, DAVID	
Address:	2513 CHARLESTON RD., SUITE 100-A	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	V	(X) Delete
Name:	COCHRANE, THOMAS	
Address:	2513 CHARLESTON RD., SUITE 100-A	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	D	( ) Delete
Name:	ORR, LARRY	
Address:	2513 CHARLESTON RD., SUITE 100-A	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	
Title:	D	(X) Delete
Name:	WOOD, KEN	
Address:	2513 CHARLESTON RD., SUITE 100-A	
City-St-Zip:	MOUNTAIN VIEW, CA 94043	

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:	
Title:	( ) Change ( ) Addition
Name:	
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: SHANKAR SRINIVASAN VP 02/06/2009

Electronic Signature of Signing Officer or Director — Date