

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F06000007324

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: KRISHNAN, SRINIVASAN  
Address: 2513 CHARLESTON RD., SUITE 100  
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

Title: CTO  
Name: SRINIVASAN, SHANKAR  
Address: 2513 CHARLESTON RD., SUITE 100  
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

Title: D  
Name: COWAN, DAVID  
Address: 535 MIDDLEFIELD ROAD, SUITE 245  
City-St-Zip: MENLO PARK, CA 94025 US

Title: D  
Name: ORR, LARRY  
Address: 3000 SAND HILL ROAD, BUILDING 4, SUITE 160  
City-St-Zip: MENLO PARK, CA 94025 US

Title: V  
Name: OSLER, SCOTT  
Address: 2110 NEWMARKET PARKWAY SUITE 200  
City-St-Zip: MARIETTA, GA 30067 US

Title: V  
Name: KUJUWA, KRZYSZTOF  
Address: 2513 CHARLESTON ROAD SUITE 100  
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

I hereby 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 all other like empowered.

SIGNATURE: SHANKAR SRINIVASAN

CTO

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date