


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F07000002078</b> 1. Entity Name <b>PILLAR DATA SYSTEMS, INC.</b>	
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Principal Place of Business <b>2840 JUNCTION AVENUE SAN JOSE, CA 95134</b>	Mailing Address <b>2840 JUNCTION AVENUE SAN JOSE, CA 95134</b>
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**DO NOT WRITE IN THIS SPACE**



05132008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>94-3184381</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORKMAN, MICHAEL 2840 JUNCTION AVENUE SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLERAN, NANCY 2840 JUNCTION AVENUE SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFFER, ARTHUR 2840 JUNCTION AVENUE SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, PHILIP 2840 JUNCTION AVENUE SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAYES, EDWARD 2840 JUNCTION AVENUE SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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06/04/08-80073-001-550.00

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: *Edward J. Hayes, Jr.* **EDWARD J. HAYES, JR. CFO** **13 MAY 2008 408-SIB-4753**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #