

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005738

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: CON-WAY ENTERPRISE SERVICES INC.

**Current Principal Place of Business:**

2855 CAMPUS DRIVE  
SAN MATEO, CA 94403

**New Principal Place of Business:**

**Current Mailing Address:**

2855 CAMPUS DRIVE  
SAN MATEO, CA 94403

**New Mailing Address:**

FEI Number: 93-1221825      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DVS ( ) Delete  
Name: PILEGGI, JENNIFER W  
Address: 2855 CAMPUS DRIVE SUITE 300  
City-St-Zip: SAN MATEO, CA 94403

Title: DP ( ) Delete  
Name: SCHICK, KEVIN C  
Address: 2855 CAMPUS DRIVE SUITE 300  
City-St-Zip: SAN MATEO, CA 94403

Title: DC ( ) Delete  
Name: STOTLAR, DOUGLAS W  
Address: 2855 CAMPUS DRIVE SUITE 300  
City-St-Zip: SAN MATEO, CA 94403

Title: VCIO ( ) Delete  
Name: BARRETTA, JACQUELYN A  
Address: 2701 NW VAUGHN #490  
City-St-Zip: PORTLAND, OR 97210

Title: V ( ) Delete  
Name: BARTOS, ANDREW M  
Address: 2855 CAMPUS DRIVE  
City-St-Zip: SAN MATEO, CA 94403

Title: VC ( ) Delete  
Name: COEL, KEVIN S  
Address: 1717 NW 21ST AVE  
City-St-Zip: PORTLAND, OR 97209

**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: JENNIFER W PILEGGI

S

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date