

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000123

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** DESKTOP ACQUISITION SUB, INC.

**Current Principal Place of Business:**

4800 T REX AVE  
SUITE 120  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

11 WEST 19TH STREET  
10TH FLOOR  
NEW YORK, NY 10011

**New Mailing Address:**

701 FIRST AVENUE  
SUNNYVALE, CA 94089

**FEI Number:** 26-0787520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7  
SUITE 106  
DAVIE, FL 33314 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: CFO  
Name: KOTHARI, AMAN  
Address: 701 FIRST AVENUE  
City-St-Zip: SUNNYVALE, CA 94089

Title: SEC  
Name: CALLAHAN, MICHAEL  
Address: 701 FIRST AVENUE  
City-St-Zip: SUNNYVALE, CA 94089

Title: CEO  
Name: CRING, ANDREW  
Address: 701 FIRST AVENUE  
City-St-Zip: SUNNYVALE, CA 94089

Title: DIR  
Name: CALLAHAN, MICHAEL  
Address: 701 FIRST AVENUE  
City-St-Zip: SUNNYVALE, CA 94089

Title: DIR  
Name: KOTHARI, AMAN  
Address: 701 FIRST AVENUE  
City-St-Zip: SUNNYVALE, CA 94089

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: MICHAEL CALLAHAN

SEC

02/13/2012

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

\_\_\_\_\_  
Date