2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001563

Entity Name: TESSITURA NETWORK, INC.

Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6602 FORESTSHIRE SUITE 200 DALLAS, TX 75230

Current Mailing Address: New Mailing Address:

PO BOX 670245 PO BOX 670245 DALLAS, TX 75267 DALLAS, TX 75367

FEI Number: 06-1666165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SHARON, SMEETA RUBIN, JACK Name: Name:

LINCOLN CENTER Address: 6602 FORESTSHIRE Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: DALLAS, TX 75230

Title: DVC Title: (X) Change () Addition () Delete Name: LEYINE, ALAN Name: LEVINE, ALAN

Address: 2700 F STREET NW Address: 2700 F STREET NW City-St-Zip: WASHINGTON, DC 20566 City-St-Zip: WASHINGTON, DC 20566

Title: () Delete Title: (X) Change () Addition

MOORE, BENJAMIN Name: MOORE, BENJAMIN Name: Address: PO BOX 900923 Address: PO BOX 900923 City-St-Zip: SEATTLE, WA 98109 City-St-Zip: SEATTLE, WA 98109

Title: DT () Delete Title: (X) Change () Addition

CALIBRARO, PETER Name: MORRIS, TOM Name: Address: PO BOX 2408 Address: 170 N. DEARBORN City-St-Zip: SANTE FE, NM 87504 City-St-Zip: CHICAGO, IL 60601

Title: () Delete Title: () Change () Addition

PEARCE, STEWART Name: Name: LINCOLIN CENTER Address: Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

TWEEDDALE, KELLY WOODS, SARAH Name: Name: Address: PO BOX 9248 Address: KENSINGTON GROVE LONDON, EN SW72AP UK SEATTLE, WA 98109 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMI HENNEGAN EΑ 04/22/2009