2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# F08000004399

Entity Name: AWAREPOINT CORPORATION

Current Principal Place of Business:

225 BROADWAY
SUITE 1670
SAN DIEGO, CA 92101

New Principal Place of Business:

Current Mailing Address:

225 BROADWAY
SUITE 1670
SAN DIEGO, CA 92101

New Mailing Address:

FEI Number: 20-0630234 **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:	CHRM	( ) Delete
Name:	NIERENBERG, NICOLAS	
Address:	9494 LA JOLLA FARMS ROAD	
City-St-Zip:	LA JOLLA, CA 92037	
Title:	DCEO	( ) Delete
Name:	HOWRE, JASON	
Address:	% 225 BROWADWAY, SUITE 1670	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	DCMA	( ) Delete
Name:	KOENIG, HAROLD M MD	
Address:	% 225 BROWADWAY, SUITE 1670	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	CFO	( ) Delete
Name:	SOLOMON, GREGORY	
Address:	% 225 BROWADWAY, SUITE 1670	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	CTO	( ) Delete
Name:	PERKINS, MATT	
Address:	% 225 BROWADWAY, SUITE 1670	
City-St-Zip:	SAN DIEGO, CA 92101	
Title:	V	( ) Delete
Name:	WOODS, KENNY	
Address:	% 225 BROWADWAY, SUITE 1670	
City-St-Zip:	SAN DIEGO, CA 92101	

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: HELENA Y STAGE CONT 03/12/2009

Electronic Signature of Signing Officer or Director — Date