

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003194

Entity Name: FLEETMATICS USA, INC.

**FILED**  
**Jul 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

49 WALNUT PARK BLDG. 2  
WELLESLEY, MA 02481

## **New Principal Place of Business:**

70 WALNUT ST. 2ND FL  
WELLESLEY, MA 02481

## **Current Mailing Address:**

49 WALNUT PARK BLDG. 2  
WELLESLEY, MA 02481

## **New Mailing Address:**

70 WALNUT ST. 2ND FL  
WELLESLEY, MA 02481

FEI Number: 20-1799583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: CP  
Name: TRAVERS, JAMES  
Address: 70 WALNUT ST. FL 2  
City-St-Zip: WELLESLEY, MA 02481 US

Title: DT  
Name: LIFSHATZ, STEPHEN  
Address: 70 WALNUT ST. 2ND FL  
City-St-Zip: WELLESLEY, MA 02481 US

Title: DS  
Name: VASILE, ALBERT  
Address: 70 WALNUT ST 2ND FL.  
City-St-Zip: WELLESLEY, MA 02481 US

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: ALBERT VASILE

TREA

07/21/2011

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

\_\_\_\_\_  
Date