

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004183

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** SYNIVERSE ICX CORPORATION

**Current Principal Place of Business:**

487 EAST MIDDLEFIELD ROAD  
MOUNTAIN VIEW, CA 94043

**New Principal Place of Business:**

8125 HIGHWOODS APM WAY  
TAMPA, FL 33647

**Current Mailing Address:**

487 EAST MIDDLEFIELD ROAD  
MOUNTAIN VIEW, CA 94043

**New Mailing Address:**

8125 HIGHWOODS APM WAY  
TAMPA, FL 33647

**FEI Number:** 26-3660836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PCEO  
Name: HOLCOMBE, TONY  
Address: 8125 HIGHWOODS PALM WAY  
City-St-Zip: TAMPA, FL 33647

Title: CFOT  
Name: HITCHCOCK, DAVID W  
Address: 8125 HIGHWOODS PALM WAY  
City-St-Zip: TAMPA, FL 33647

Title: SEC  
Name: BINION, LAURA E  
Address: 8125 HIGHWOODS PALM WAY  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: MARINO, ROBERT  
Address: 8125 HIGHWOODS PALM WAY  
City-St-Zip: TAMPA, FL 33647

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: LAURA E BINION

SEC

03/12/2010

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

\_\_\_\_\_ Date