## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F94000002796 Secretary of State** 02-07-2006 90032 001 \*\*\*300.00 INDIGO AMERICA, INC. Mailing Address Principal Place of Business 550 KING STREET 550 KING STREET 66000775 MS LKG01-3/A3 MS LKG01-3/A3 LITTLETON, MA 01460 LITTLETON, MA 01460 3. Mailing Address 2. Principal Place of Business Street 3000 Honover Street 3000 Hanover Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 CR2E034 (11/05) Chg-P MS\_1050 MS 1050 4, FEI Number Applied For City & State City & State 13-3667356 Not Applicable ala Alto Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE Robert P. Wayman NAME WAYMAN, ROBERT NAME STREET ADDRESS 3000 Hanovee Steeet STREET ADDRESS 3000 HANOVER STREET CITY-ST-ZIP CITY-ST-ZIP PALO ALTO, CA 94304 1210 Alto CA 94304 TITLE **VPS** ☐ Delete TITLE ☐ Change ☐ Addition VP/s/b NAME BASKINS, ANN O NAME ANN O. BASKINS 3000 HANOVER STREET STREET ADDRESS STREET ADDRESS 3000 Hanover Street CITY-ST-7IP CITY-ST-ZIP PALO ALTO, CA 94304 Rolo Alto CA 94304 Delete TITLE ☐ Change ■ Addition CHARNAS, CHARLES N NAME NAME STREET ADDRESS 3000 HANOVER STREET STREET ADDRESS CITY-ST-ZIP PALO ALTO, CA 94304 CITY-ST-ZIP TITLE ☐ Delete TITI F Addition | iester Ezrati NAME NAME 3000 Hanovez Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF <u>Palo Alto CA 94304</u> ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP C Oelete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Feb 07, 2006 8:00 am

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURF:

Charles V. Charmes 2/1/06