

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002796

Entity Name: INDIGO AMERICA, INC.

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

3000 HANOVER ST  
MS 1050  
PALO ALTO, CA 94304

## New Principal Place of Business:

## Current Mailing Address:

3000 HANOVER ST  
MS 1050  
PALO ALTO, CA 94304

## New Mailing Address:

FEI Number: 13-3667356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT 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: PD ( ) Delete  
Name: LESJAK, CATHERINE A  
Address: 3000 HANOVER STREET  
City-St-Zip: PALO ALTO, CA 94304

Title: STD ( ) Delete  
Name: CHARNAS, CHARLES N  
Address: 3000 HANOVER STREET  
City-St-Zip: PALO ALTO, CA 94304

Title: D ( ) Delete  
Name: EZRATI, LESTER  
Address: 300 HANOVER STREET  
City-St-Zip: PALO ALTO, CA 94304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: PAUL, PORRINI T  
Address: 3000 HANOVER STREET  
City-St-Zip: PALO ALTO, CA 94304

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: PAUL T. PORRINI

STD

02/11/2009

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

\_\_\_\_\_  
Date