

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90104 004 ***150.00

DOCUMENT # F95000003557

1. Entity Name
SCHWAGER DAVIS, INC.



Principal Place of Business
**198 HILLSDALE AVE
SAN JOSE, CA 95136**

Mailing Address
**198 HILLSDALE AVE
SAN JOSE, CA 95136**

40003655



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

77-0097865

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCT
SCHWAGER, GUIDO A
18257 LAS CUMBRES ROAD
LOS GATOS, CA 95030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
SCHWAGER, GUIDO A
18257 LAS CUMBRES ROAD
LOS GATOS, CA 95030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHWAGER, GUIDO A
18257 LAS CUMBRES RD.
LOS GATOS, CA 95030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCT
Schwager, Guido A
15350 BLACKBERRY ROAD
LOS GATOS, CA 95030** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
Schwager, Guido A
15350 BLACKBERRY ROAD
LOS GATOS, CA 95030** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Schwager, Guido A
15350 BLACKBERRY ROAD
LOS GATOS, CA 95030** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guido A. Schwager

Date

(408) 281-9300

Daytime Phone #