

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002532

Entity Name: YARDI SYSTEMS, INC.

FILED
May 21, 2007
Secretary of State

Current Principal Place of Business:

430 S FAIRVIEW AVE
GOLETA, CA 93117

New Principal Place of Business:

Current Mailing Address:

430 S FAIRVIEW AVE
GOLETA, CA 93117

New Mailing Address:

FEI Number: 77-0049051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEHAUF, SUSAN
8331 SE DRIFTWOOD STREET
HOBE SOUND, FL 33455 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: CP () Delete
Name: YARDI, ANANT
Address: 1721 HILLCREST
City-St-Zip: SANTA BARBARA, CA 93103

Title: VC () Delete
Name: YARDI, EILEEN
Address: 1721 HILLCREST
City-St-Zip: SANTA BARBARA, CA 93103

Title: COO () Delete
Name: MORRELL, GORDON
Address: 2841 VERDE VISTA
City-St-Zip: SANTA BARBARA, CA 93105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MONICA SCHLAGEL

AP

05/21/2007

Electronic Signature of Signing Officer or Director

_____ Date