2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# F98000005198

Entity Name: GRAPHICS MICROSYSTEMS, INC.

Current Principal Place of Business:

484 OAKMEAD PARKWAY
SUNNYVALE, CA 94085

New Principal Place of Business:

Current Mailing Address:

484 OAKMEAD PARKWAY
SUNNYVALE, CA 94085

New Mailing Address:

FEI Number: 94-2906556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title:	CFOV	( ) Delete
Name:	REED, TIMOTHY	
Address:	484 OAKMEAD PARKWAY	
City-St-Zip:	SUNNYVALE, CA 94085	
Title:	VP	( ) Delete
Name:	DEERING, EDWIN	
Address:	1655 SCEINCE PLACE	
City-St-Zip:	ROCKWALL, TX 75087	
Title:	PCEO	( ) Delete
Name:	WETZEL, GARY	
Address:	1655 SCIENCE PLACE	
City-St-Zip:	ROCKWALL, TX 75087	
Title:	VP	( ) Delete
Name:	BARNES, FRED	
Address:	484 OAKMEAD PARKWAY	
City-St-Zip:	SUNNYVALE, CA 94085	
Title:	VP	( ) Delete
Name:	MOYA, FRANCOIS	
Address:	484 OAKMEAD PARKWAY	
City-St-Zip:	SUNNYVALE, CA 94085	
Title:	VP	( ) Delete
Name:	HENDERSON, BECKY	
Address:	1655 SCIENCE PLACE	
City-St-Zip:	ROCKWALL, TX 75087	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PCOO	(X) Change ( ) Addition
Name:	SUSAMMA, VARUGHESE	
Address:	5482 WILSHIRE BLVD	
City-St-Zip:	LOS ANGELES, CA 90036	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: TIMOTHY REED CFO 10/27/2008

Electronic Signature of Signing Officer or Director — Date