2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# F99000004907

Entity Name: SIGMA GP HOLDING, INC.

Current Principal Place of Business:

400 MATTHEW STREET
SANTA CLARA, CA 95050

New Principal Place of Business:

400 MATHEW STREET
SANTA CLARA, CA 95050

Current Mailing Address:

P O BOX 8749
PRINCETON, NJ 08543

New Mailing Address:

FEI Number: 58-2489228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T 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: P ( ) Delete
Name: SODER, DOUGLAS L
Address: 400 MATTHEW STREET
City-St-Zip: SANTA CLARA, CA 95050

Title: S ( ) Delete
Name: MOROZE, M. BRIAN
Address: 400 MATTHEW STREET
City-St-Zip: SANTA CLARA, CA 95050

Title: T ( ) Delete
Name: ABROMEIT, RICHARD H
Address: 400 MATTHEW STREET
City-St-Zip: SNATA CLARA, CA 95050

Title: D ( ) Delete
Name: FLANIGAN, TIMOTHY E
Address: 400 MATTHEW STREET
City-St-Zip: SANTA CLARA, CA 95050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOFSASS, DOUGLAS N
Address: 400 MATHEW STREET
City-St-Zip: SANTA CLARA, CA 95050

Title: S (X) Change ( ) Addition
Name: MOROZE, M. BRIAN
Address: 400 MATHEW STREET
City-St-Zip: SANTA CLARA, CA 95050

Title: T (X) Change ( ) Addition
Name: ABROMEIT, RICHARD H
Address: 400 MATHEW STREET
City-St-Zip: SNATA CLARA, CA 95050

Title: D (X) Change ( ) Addition
Name: MOROZE, M. BRIAN
Address: 400 MATHEW STREET
City-St-Zip: SANTA CLARA, CA 95050

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY EHNES POA 04/10/2007

Electronic Signature of Signing Officer or Director — Date