2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005376

1. Entity Name
VYCERA COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
12750 HIGH BLUFF DRIVE # 200 SAN DIEGO, CA 92130	12750 HIGH BLUFF DRIVE # 200 SAN DIEGO, CA 92130

DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-0659638
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	GIETZEN, DEREK M
STREET ADDRESS	12750 HIGH BLUFF DR #200
CITY-ST-ZIP	SAN DIEGO, CA 92130
TITLE	DCFO
NAME	GIETZEN, THALIA R
STREET ADDRESS	12750 HIGH BLUFF DR #200
CITY-ST-ZIP	SAN DIEGO, CA 92130
TITLE	D
NAME	MCCARTIN, JOHN
STREET ADDRESS	12750 HIGH BLUFF DR #200
CITY-ST-ZIP	SAN DIEGO, CA 92130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80075-007 150.00

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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: _____ 4/20/06 858 792 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #