


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90001 039 \*\*\*150.00

<b>DOCUMENT # P21210</b>	
1. Entity Name <b>HSQ TECHNOLOGY, A CORPORATION</b>	

Principal Place of Business <b>26227 RESEARCH ROAD HAYWARD, CA 94545 US</b>	Mailing Address <b>PO BOX 4557 HAYWARD, CA 94540 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>50 RAINBOWS CORP.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>5 PENN PLAZA 12TH FL.</b>
City & State	City & State <b>NEW YORK NY</b>
Zip	Zip <b>10001</b>

03012007 Chg-P CR2E034 (12/06)

4. FEI Number <b>94-2587160</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LIST, RAYMOND E 5 PENN PLAZA - 17TH FLOOR NEW YORK, NY 10001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>JEFFREY M. LELLY</b> <b>5 PENN PLAZA 12TH FL</b> <b>NEW YORK, NY 10001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBER, CLARENCE S 4271 63RD STREET SACRAMENTO, CA 95820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKINSON, JAMES 26227 RESEARCH ROAD HAYWARD, CA 94545 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CAMPBELL, KENNETH L 5 PENN PLAZA - 17TH FLOOR NEW YORK, NY 10001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / VP-TAX</b> <b>GENE CELLINI</b> <b>5 PENN PLAZA 12TH FL</b> <b>NEW YORK NY 10001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP HERSCHENFELD, ROBERT J 5 PENN PLAZA - 17TH FLOOR NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SPENCE, HAROLD K 1411 MARLIN AVENUE FOSTER CITY, CA 94404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gene Cellini* 3/2/07 (212) 502-7916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #