


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90177 038 \*\*\*150.00

<b>DOCUMENT # P23873</b> 1. Entity Name <b>SYNIVERSE TECHNOLOGIES, INC.</b>	
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Principal Place of Business <b>ONE TAMPA CITY CENTER SUITE 700 TAMPA, FL 33602 US</b>	Mailing Address <b>ONE TAMPA CITY CENTER SUITE 700 TAMPA, FL 33602 US</b>
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>06-1262301</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, G. EDWARD CEO ONE TAMPA CITY CENTER TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLESS, RAYMOND L CFO ONE TAMPA CITY CENTER TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHE, COLLIN PARTNER ONE TAMPA CITY CENTER TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNINI, DAVID PARTNER ONE TAMPA CITY CENTER TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GARCIA, ROBERT F GEN COU ONE TAMPA CITY CENTER TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NELSON, WAYNE TREASUR ONE TAMPA CITY CENTER TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b>  <b>ROBERT F. GARCIA, JR</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1/14/05</b> <small>Date</small>	<b>813-273-3000</b> <small>Daytime Phone #</small>
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