

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90038 030 ***150.00

DOCUMENT # P23873

1. Entity Name
SYNIVERSE TECHNOLOGIES, INC.



Principal Place of Business
**ONE TAMPA CITY CENTER
SUITE 700
TAMPA, FL 33602 US**

Mailing Address
**ONE TAMPA CITY CENTER
SUITE 700
TAMPA, FL 33602 US**

00010043



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1262301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, G. EWARD 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

Date

813. 273. 3040

Daytime Phone #