## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P23873

City-St-Zip: TAMPA, FL 33602

FILED Jan 05, 2007 Secretary of State

Entity Name: SYNIVERSE TECHNOLOGIES, INC.						
Current Principal Place of Business:			New Princ	ipal Place of Business:		
	WOODS PALI   336471765					
Current Mailing Address:			New Mailing Address:			
	WOODS PALI   336471765					
FEI Number:	06-1262301	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Address of New Registered Agent:		
1200 S. PII	ORATION SYS NE ISLAND RO ON, FL 33324	)AD				
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,		
SIGNATURE:						
	Electron	ic Signature of Registered Age	nt	Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () EVANS, G. EWA ONE TAMPA CI TAMPA, FL 336	TY CENTER	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HOLCOMBE, TONY G CEO 8125 HIGHWOODS PALM WAY TAMPA, FL 33647		
Title: Name: Address: City-St-Zip:	D () LAWLESS, RAY ONE TAMPA CI TAMPA, FL 336	TY CENTER	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition LAWLESS, RAYMOND L CFO 8125 HIGHWOODS PALM WAY TAMPA, FL 33647		
Title: Name: Address: City-St-Zip:	D () ROCHE, COLLII ONE TAMPA CI TAMPA, FL 336	TY CENTER	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ROCHE, COLLIN PARTNER 8125 HIGHWOODS PALM WAY TAMPA, FL 33647		
Title: Name: Address: City-St-Zip:	D () DONNINI, DAVII ONE TAMPA CI TAMPA, FL 336	TY CENTER	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DONNINI, DAVID PARTNER 8125 HIGHWOODS PALM WAY TAMPA, FL 33647		
Title: Name: Address: City-St-Zip:	O () GARCIA, ROBE ONE TAMPA CI TAMPA, FL 336	TY CENTER	Title: Name: Address: City-St-Zip:	O (X) Change ( ) Addition GARCIA, ROBERT F GEN COU 8125 HIGHWOODS PALM WAY TAMPA, FL 33647		
Title: Name:	O () NELSON, WAY		Title: Name:	O (X) Change ( ) Addition NELSON, WAYNE TREASUR		

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.

City-St-Zip: TAMPA, FL 33647

SIGNATURE: ROBERT F GARCIA, JR Ο 01/05/2007