

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845389

FILED  
Feb 08, 2011  
Secretary of State

**Entity Name:** INNOVATIVE INTERFACES INCORPORATED

**Current Principal Place of Business:**

5850 SHELLMOUND WAY  
EMERYVILLE, CA 94608 US

**New Principal Place of Business:**

**Current Mailing Address:**

5850 SHELLMOUND WAY  
EMERYVILLE, CA 94608 US

**New Mailing Address:**

FEI Number: 94-2553274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CHAI  
Name: KLINE, GERALD M  
Address: 5850 SHELLMOUND WAY  
City-St-Zip: EMERYVILLE, CA 94608

Title: VPCF  
Name: HOFBAUER, JAMES A  
Address: 5850 SHELLMOUND WAY  
City-St-Zip: EMERYVILLE, CA 94608

Title: PRES  
Name: NEIL, BLOCK D  
Address: 5850 SHELLMOUND WAY  
City-St-Zip: EMERYVILLE, CA 94608

I hereby 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 all other like empowered.

SIGNATURE: JAMES A. HOFBAUER

VPCF

02/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date