

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90121 027 ***150.00

DOCUMENT # F00000000697

1. Entity Name
CALLISMA, INC.



Principal Place of Business
1550 THE ALAMEDA
305
SAN JOSE, CA 95126

Mailing Address
1550 THE ALAMEDA
305
SAN JOSE, CA 95126

14019374



2. Principal Place of Business

3. Mailing Address

1010 N. St. Mary's

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9-Y-40

04212004

Chg-P

CR2E034 (10/03)

City & State

City & State

San Antonio, TX

4. FEI Number

94-3341029

Applied For

Not Applicable

Zip

Country

Zip

78215

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City Plantation

FL

Zip Code 33324

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.

E. A. Wallace
Assistant Secretary

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME TROUPE, RALPH S
STREET ADDRESS 1550 THE ALAMEDA, STE. 305
CITY-ST-ZIP SAN JOSE, CA 95126

TITLE S ☒ Delete
NAME SPARKS, TIMOTHY J
STREET ADDRESS 1550 THE ALAMEDA, STE. 305
CITY-ST-ZIP SAN JOSE, CA 95126

TITLE D ☒ Delete
NAME LEONE, DOUG
STREET ADDRESS 300 SAND HILL RD BLDG 4 STE. #280
CITY-ST-ZIP MENLO PARK, CA 94025

TITLE D ☒ Delete
NAME BECKER, JIM
STREET ADDRESS 2675 EAST CEDAR AVE.
CITY-ST-ZIP DENVER, CO 80209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
NAME Ralph S. Troupe
STREET ADDRESS 175 E. Houston St.
CITY-ST-ZIP San Antonio, TX 78205

TITLE S ☐ Change ☒ Addition
NAME Dianna J. Harter
STREET ADDRESS 175 E. Houston St.
CITY-ST-ZIP San Antonio, TX 78205

TITLE VP ☐ Change ☒ Addition
NAME David F. Mingo
STREET ADDRESS 175 E. Houston St.
CITY-ST-ZIP San Antonio, TX 78205

TITLE T ☐ Change ☒ Addition
NAME Michael J. Viola
STREET ADDRESS 175 E. Houston St.
CITY-ST-ZIP San Antonio, TX 78205

TITLE D ☐ Change ☒ Addition
NAME Rayford Wilkins, Jr.
STREET ADDRESS 175 E. Houston St.
CITY-ST-ZIP San Antonio, TX 78205

TITLE D ☐ Change ☒ Addition
NAME James S. Kahan
STREET ADDRESS 175 E. Houston St.
CITY-ST-ZIP San Antonio, TX 78205

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Viola

Date

Daytime Phone #

(210) 886-4896