

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000036

Entity Name: IMAGEAMERICA, INC.

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

200 S HANLEY RD
SUITE 1050
SAINT LOUIS, MO 63105

Current Mailing Address:

200 S HANLEY RD
SUITE 1050
SAINT LOUIS, MO 63105

FEI Number: 43-1810355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1600 AMPHITHEATRE PARKWAY
MOUNTAIN VIEW, CA 94043

New Mailing Address:

1600 AMPHITHEATRE PARKWAY
MOUNTAIN VIEW, CA 94043

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REECE, KEVIN
Address: 200 S HANLEY RD., SUITE 1050
City-St-Zip: SAINT LOUIS, MO 63105

Title: VPT () Delete
Name: MAHER, TOM
Address: 200 S HANLEY RD., SUITE 1050
City-St-Zip: SAINT LOUIS, MO 63105

Title: S () Delete
Name: O'HALLARON, MIKE
Address: 200 S HANLEY RD., SUITE 1050
City-St-Zip: SAINT LOUIS, MO 63105

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WALKER, KENT
Address: 1600 AMPHITHEATRE PARKWAY
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: CFO (X) Change () Addition
Name: MARTIN, LLOYD
Address: 1600 AMPHITHEATRE PARKWAY
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: A S (X) Change () Addition
Name: SUCHERMAN, MATTHEW
Address: 1600 AMPHITHEATRE PARKWAY
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: DIR () Change (X) Addition
Name: WALKER, KENT
Address: 1600 AMPHITHEATRE PARKWAY
City-St-Zip: MOUNTAIN VIEW, CA 94043

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MATTHEW SUCHERMAN

A S

03/18/2008

Electronic Signature of Signing Officer or Director

_____ Date