


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002973 1. Entity Name COGENT, INC.	
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Principal Place of Business 209 FAIR OAKS AVENUE SOUTH PASADENA, CA 91030	Mailing Address 209 FAIR OAKS AVENUE SOUTH PASADENA, CA 91030
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DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4305768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH 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: N/A (NOTE: Registered Agent signature required when reinstating) 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	CP HSIEH, MING 209 FAIR OAKS AVENUE SOUTH PASADENA, CA 91030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS KIM, PAUL 209 FAIR OAKS AVENUE SOUTH PASADENA, CA 91030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLGER, JOHN 209 FAIR OAKS AVENUE SOUTH PASADENA, CA 91030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STENBIT, JOHN P 209 FAIR OAKS AVENUE SOUTH PASADENA, CA 91030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPO HOLLOWICH, MIKE 209 FAIR OAKS AVENUE SOUTH PASADENA, CA 91030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000558254
05/17/06-80086-016 150.00

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: Man Paul Matic Poser 3/17/06 626-797-8090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #