

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 23, 2009
Secretary of State**

DOCUMENT# F07000004239

Entity Name: OBOPAY, INC.

Current Principal Place of Business:

275 SHORLINE DRIVE SUITE 400
REDWOOD CITY, CA 94065

New Principal Place of Business:

275 SHORELINE DRIVE SUITE 400
REDWOOD CITY, CA 94065

Current Mailing Address:

275 SHORLINE DRIVE SUITE 400
REDWOOD CITY, CA 94065

New Mailing Address:

275 SHORELINE DRIVE SUITE 400
REDWOOD CITY, CA 94065

FEI Number: 73-1732408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: CP () Delete
Name: REALINI, CAROL
Address: 275 SHORLINE DRIVE SUITE 400
City-St-Zip: REDWOOD CITY, CA 94065

Title: VC () Delete
Name: MASON, SUSAN
Address: 2400 SAND HILL ROAD SUITE 150
City-St-Zip: MENIO PARK, CA 94025

Title: D () Delete
Name: BEASLEY, ALLEN
Address: 3000 SAND HILL ROAD BLDG 2 SUITE 290
City-St-Zip: MENLO PARK, CA 94025

Title: D () Delete
Name: KELLNER, PETER
Address: 645 MADISON AVE 20TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: HOTTENSEN, ROBERT
Address: 505 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: PAAVOLA, TEPPA
Address: 102 CORPORATE PARK DRIVE
City-St-Zip: WHITE PLAINS, NY 10604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: REALINI, CAROL
Address: 275 SHORELINE DRIVE SUITE 400
City-St-Zip: REDWOOD CITY, CA 94065

Title: D (X) Change () Addition
Name: MASON, SUSAN
Address: 2490 SAND HILL ROAD
City-St-Zip: MENIO PARK, CA 94025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KELLNER, PETER
Address: 1350 AVENUE OF THE AMERICAS, #2900
City-St-Zip: NEW YORK, NY 10022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL REALINI

CP

04/23/2009

Electronic Signature of Signing Officer or Director

Date