

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001371

FILED  
May 01, 2009  
Secretary of State

Entity Name: DATALINX CORPORATION

## Current Principal Place of Business:

3460 HILLVIEW AVE.  
PALO ALTO, CA 94304

## New Principal Place of Business:

560 WHITE PLAINS ROAD, SUITE 430  
TARRYTOWN, NY 10591

## Current Mailing Address:

3460 HILLVIEW AVE.  
PALO ALTO, CA 94304

## New Mailing Address:

700 HANSEN WAY  
PALO ALTO, CA 94304

FEI Number: 13-3647676

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: SODERBERG, SHAWN M  
Address: 3460 HILLVIEW AVE.  
City-St-Zip: PALO ALTO, CA 94304

Title: T ( ) Delete  
Name: ROBERTSON, IAN D  
Address: 3460 HILLVIEW AVE.  
City-St-Zip: PALO ALTO, CA 94304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: SODERBERG, SHAWN M  
Address: 700 HANSEN WAY  
City-St-Zip: PALO ALTO, CA 94304

Title: TD (X) Change ( ) Addition  
Name: ROBERTSON, IAN D  
Address: 700 HANSEN WAY.  
City-St-Zip: PALO ALTO, CA 94304

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: SHAWN M. SODERBERG

PDS

05/01/2009

Electronic Signature of Signing Officer or Director

Date