

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003547

Entity Name: KINETIC SYSTEMS, INC.

FILED  
Feb 04, 2009  
Secretary of State

## Current Principal Place of Business:

4226 SURLS CT. #500  
500  
DURHAM, NC 27709 US

## New Principal Place of Business:

## Current Mailing Address:

48400 FREMONT BLVD  
FREMONT, CA 94538 US

## New Mailing Address:

FEI Number: 94-2229569

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: ESCOVER, NORMAN  
Address: 48400 FREMONT BLVD  
City-St-Zip: FREMONT, CA 94538 US

Title: CFO ( ) Delete  
Name: KEMP, RALPH GENE  
Address: 4226 SURLS CT SUITE 500  
City-St-Zip: DURHAM, NC 27703 US

Title: P ( ) Delete  
Name: D'APPOLONIA, MICHEAL R  
Address: 4226 SURLS CT SUITE 500  
City-St-Zip: DURHAM, NC 27703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO (X) Change ( ) Addition  
Name: SMITH, GARY  
Address: 4226 SURLS CT SUITE 500  
City-St-Zip: DURHAM, NC 27703 US

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: NORMAN C ESCOVER

S

02/04/2009

Electronic Signature of Signing Officer or Director

Date