


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90029 019 \*\*\*550.00

**DOCUMENT # F99000003059**

1. Entity Name  
**AVEVA INC.**



Principal Place of Business      Mailing Address


**10370 RICHMOND AVE.  
 SUITE 400  
 HOUSTON, TX 77042**      **10370 RICHMOND AVE.  
 SUITE 400  
 HOUSTON, TX 77042**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



07182008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**06-1136974**      Not Applicable

5. Certificate of Status Desired       **\$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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LONGDON, RICHARD	
STREET ADDRESS	<del>800 DELAWARE AVENUE, SUITE 640</del>	
CITY-ST-ZIP	<del>WILMINGTON, DE 19864</del>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCKINLEY, MATTHEW	
STREET ADDRESS	10370 RICHMOND AVE SUITE 400	
CITY-ST-ZIP	HOUSTON, TX 77042	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDAHL, PATRIK	
STREET ADDRESS	10370 RICHMOND AVE SUITE 400	
CITY-ST-ZIP	HOUSTON, TX 77042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	High Cross Maddingley Road	
STREET ADDRESS	Cambridge England	
CITY-ST-ZIP	CB3 0HT3	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Glasier	
STREET ADDRESS	10370 Richmond Ave Suite 400	
CITY-ST-ZIP	Houston TX 77042	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raul Taylor	
STREET ADDRESS	High Cross Maddingley Road	
CITY-ST-ZIP	Cambridge England CB3 0HT3	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #