



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110814		2. Name of Corporation Callisma, Inc.		
3. Street Address Principal Business Office 175 E. Houston St.		City San Antonio	State TX	Zip 78205
4. Business Phone No. (210) 886-4922		5. State of Incorporation DELAWARE		6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE NETWORK CONSULTING SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Ralph S. Troupe		Vice President Name David F. Mingo		
Street Address 175 E. Houston St.		Street Address 175 E. Houston St.		
City San Antonio	State TX	Zip 78205	City San Antonio	State TX
Secretary Name Diana J. Harter		Treasurer Name Jonathan P. Klug		
Street Address 175 E. Houston St.		Street Address 175 E. Houston St.		
City San Antonio	State TX	Zip 78205	City San Antonio	State TX
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Rayford Wilkins, Jr.		Director Name James S. Kahan		
Street Address 175 E. Houston St.		Street Address 175 E. Houston St.		
City San Antonio	State TX	Zip 78205	City San Antonio	State TX
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM \$0.001 PAR VALUE			1,000.	COMM
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



110814

File Date **FILED**
Check No. FEB 28 2005 6860000596
By: LB
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Jonathan P. Klug Date 2/19/05
Print or Type Name of Officer
Treasurer
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110814		2. Name of Corporation Callisma, Inc.			
3. Street Address Principal Business Office 1550 THE ALAMEDA SUITE 305			City SAN JOSE	State CA	Zip 95126-
4. Business Phone No. 4088820333		5. State of Incorporation DELAWARE			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE NETWORK CONSULTING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Regan			Vice President Name Peter H. Knag		
Street Address 2600 N. Central Expressway			Street Address 175 E. Houston Street		
City Richardson	State TX	Zip 75080	City San Antonio	State TX	Zip 78205
Secretary Name James M. Robinson IV			Treasurer Name Michael J. Viola		
Street Address 175 E. Houston Street			Street Address 175 E. Houston Street		
City San Antonio	State TX	Zip 78205	City San Antonio	State TX	Zip 78205
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rayford Wilkins, Jr.			Director Name James S. Kahan		
Street Address 175 E. Houston Street			Street Address 175 E. Houston Street		
City San Antonio	State TX	Zip 78205	City San Antonio	State TX	Zip 78205
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares 64,000	Class/Series Common	Par Value \$.001	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares 64,000	Class/Series Common	Par Value \$.001	Number of Shares 1,000	Class/Series Common	Par Value \$.001

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 0 8 1 4

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
MICHAEL J. VIOLA
Print or Type Name of Officer

Date
02-25-2004

TREASURER
Title of Officer

110814 FBC 02/17/04 04:22 PM

File Date
MAY 20 2004

Check No.
By M 51941

By:

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

110814

Callisma, Inc.

3. Street Address Principal Business Office

1550 The Alameda, Ste. 305

City

San Jose

State

CA

Zip

95126

4. Business Phone No.

408-882-0333

5. State of Incorporation

DELAWARE

6. SIC Code

7286

7. Brief Description of the Character of Business Conducted in Rhode Island

Network Consulting Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Ralph S. Troupe

Vice President Name

Street Address

1550 The Alameda, Ste. 305

Street Address

City

State

Zip

San Jose

CA

95126

City

State

Zip

Secretary Name

Timothy J. Sparks

Treasurer Name

Street Address

1550 The Alameda, Ste. 305

Street Address

City

State

Zip

San Jose

CA

95126

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Doug Leone

Director Name

Jim Becker

Street Address

3000 Sand Hill Rd., Bldg 4, Ste 280

Street Address

2675 East Cedar Avenue

City

State

Zip

Menlo Park

CA

94025

City

State

Zip

Denver

CO

80209

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) **XX**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

64,737,799 \$0.0001 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) **X**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 8 1 4 *

File Date: 2/25/03

Check No.: 11435

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Timothy J. Sparks

Print or Type Name of Officer

Exec VP, Secretary

Title of Officer

2/13/03

Date

Callisma, Inc.
Statement of Shares
As of January 25, 2003

<u>Class</u>	<u>Series</u>	<u>Authorized</u>	<u>Issued</u>	<u>Par Value</u>
Common		45,000,000	11,335,174	\$0.0001
Preferred	A	11,250,000	11,250,000	\$0.0001
Preferred	B	5,043,750	37,500	\$0.0001
Preferred	C	3,444,049	765,306	\$0.0001
Total		64,737,799	23,387,980	



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

110814

Callisma, Inc.

3. Street Address Principal Business Office

1550 The Alameda Ste. 305

City

San Jose

State

CA

Zip

95126

4. Business Phone No.

408-882-0333

5. State of Incorporation

DELAWARE

6. SIC Code

7286

7. Brief Description of the Character of Business Conducted in Rhode Island

Network Consulting Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Ralph S. Troupe

Vice President Name

Street Address

1550 The Alameda Ste. 305

Street Address

City State Zip
San Jose CA 95126

City

State

Zip

Secretary Name

Timothy J. Sparks

Treasurer Name

Street Address

1550 The Alameda Ste. 305

Street Address

City State Zip
San Jose CA 95126

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Doug Leone

Director Name

Doug Dennerline

Street Address

3000 Sand Hill Rd. Bldg. 4 Ste 280

Street Address

170 West Tasman Drive

City State Zip
Menlo Park CA 94025

City State Zip
San Jose CA 95134

Director Name

Jim Becker

Director Name

Street Address

1801 California Street, 15th Floor

Street Address

City State Zip
Denver CO 80202

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) X

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

64,737,799 \$0.0001 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) X

ISSUED SHARES

Number of Shares Class/Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 8 1 4 *

File Date: 3-25-02

9338

Check No.: 2

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/15/2002

Print or Type Name of Officer: Timothy J. Sparks

Title of Officer: Secretary / Chief Legal Officer

5

Form 630 12/01/00

Callisma, Inc.
Statement of Shares
As of January 26, 2002

<u>Class</u>	<u>Series</u>	<u>Authorized</u>	<u>Issued</u>	<u>Par Value</u>
Common		45,000,000	11,930,789	\$0.0001
Preferred	A	11,250,000	11,250,000	\$0.0001
Preferred	B	5,043,750	37,500	\$0.0001
Preferred	C	3,444,049	765,306	\$0.0001
Total		64,737,799	23,983,595	



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110814** 2. Name of Corporation **Rt. 1 Solutions, Inc.**

3. Street Address Principal Business Office **1800 Embarcadero Road** City **Palo Alto** State **CA** Zip **94303**
4. Business Phone No. **650-328-7781** 5. State of Incorporation **DELAWARE** 6. SIC Code **7379**

7. Brief Description of the Character of Business Conducted in Rhode Island

Network consulting services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Ralph S. Troupe	Vice President Name
Street Address 1800 Embarcadero Road	Street Address
City Palo Alto State CA Zip 94303	City State Zip
Secretary Name Timothy J. Sparks	Treasurer Name
Street Address 1800 Embarcadero Road	Street Address
City Palo Alto State CA Zip 94303	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Doug Leone	Director Name Kevin DeNuccio
Street Address 3000 Sand Hill Road Bldg. 4 Ste. 200	Street Address 170 West Tasman Drive
City Menlo Park State CA Zip 94025	City San Jose State CA Zip 95134
Director Name Steve Mucchetti	Director Name
Street Address One Front Street	Street Address
City San Francisco State CA Zip 94111	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
25,000,000 COMM \$.08 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
14,300,851 Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 8 1 4 *

File Date: **3-30-01**
Check No.: **6954**
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **[Signature]** Date **3-22-01**
Print or Type Name of Officer **Timothy J. Sparks**
Title of Officer **Vice President / General Counsel**