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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation
115854	Collaboration Technologies, Inc.

3. Street Address Principal Business Office	City	State	Zip
138 Laurel Ridge Lane	North Kingstown	RI	02852

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-295-7161	Rhode Isalnd	7872

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the design, development, marketing, sales and distribution of computer and computer related

President Name	Street Address	City	State	Zip
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Vice President Name	Street Address	City	State	Zip
David Buckley	43 Cole Drive	North Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
David Buckley	43 Cole Drive	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
None.				

Director Name	Street Address	City	State	Zip
None.				

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 NO PAR VALUE			100	Common	no par

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

[redacted] 115854 [redacted]

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.

3/1/05
Signature of Officer *Date*

Joshua Trainer
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date 8/31/05
Check No. 175
By: JMD
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

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.	*2. Name of Corporation*
115854	Collaboration Technologies, Inc.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
138 Laurel Ridge Lane	North Kingstown	RI	02852

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
401-295-7161	Rhode Island	7872

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the design, development, marketing, sales and distribution of computer and computer related software products and services.

President Name	*Street Address*	*City*	*State*	*Zip*
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Vice President Name	*Street Address*	*City*	*State*	*Zip*
David Buckley	43 Cole Drive	North Kingstown	RI	02852

Secretary Name	*Street Address*	*City*	*State*	*Zip*
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Director Name	*Street Address*	*City*	*State*	*Zip*
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Director Name	*Street Address*	*City*	*State*	*Zip*
David Buckley	43 Cole Drive	North Kingstown	RI	02852

Director Name	*Street Address*	*City*	*State*	*Zip*
None.				

Director Name	*Street Address*	*City*	*State*	*Zip*
None.				

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 NO PAR VALUE			100	Common	no par

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

[redacted] 115854 [redacted]

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.

File Date FILED
Check No. MAR 01 2004
By: By [signature]
FOR SECRETARY OF STATE USE ONLY

[signature] 2/27/04
Signature of Officer *Date*

Joshua Trainer
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	*2. Name of Corporation*
115854	Collaboration Technologies, Inc.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
138 LAUREL RIDGE LANE	NORTH KINGSTOWN	RI	02852-

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
	RHODE ISLAND	7872

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE DESIGN, DEVELOPMENT, MARKETING, SALES AND DISTRIBUTION OF COMPUTER AND COMPUTER RELATED SOFTWARE PRODUCTS AND PERIPHERALS

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

President Name	*Street Address*	*City*	*State*	*Zip*
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Vice President Name	*Street Address*	*City*	*State*	*Zip*
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Secretary Name	*Street Address*	*City*	*State*	*Zip*
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
Joshua Trainet	138 Laurel Ridge Lane	North Kingstown	RI	02852

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

Director Name	*Street Address*	*City*	*State*	*Zip*
Joshua Trainer	138 Laurel Ridge Lane	North Kingstown	RI	02852

Director Name	*Street Address*	*City*	*State*	*Zip*

Director Name	*Street Address*	*City*	*State*	*Zip*

Director Name	*Street Address*	*City*	*State*	*Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	common	no par

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

[redacted] *115854*

115854 DBC3/7/034:54:43 PM
File Date 3.19.03
Check No. 1241
By: 1UP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — *Date* 3/18/03

Joshua Trainer
Print or Type Name of Officer

[redacted] President
Title of Officer

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 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 115854
2. Name of Corporation: Collaboration Technologies, Inc.
3. Street Address Principal Business Office: 138 Laurel Ridge Lane — City: North Kingstown — State: RI — Zip: 02852
4. Business Phone No.:
5. State of Incorporation: Rhode Island
6. SIC Code: 7872
7. Brief Description of the Character of Business Conducted in Rhode Island: Design and developement of computer software

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

President Name: Joshua Trainer
Street Address: 138 Laurel Ridge Lane
City: N. Kingstown State: RI Zip: 02852

Vice President Name: David M. Campanella
Street Address: 47 Tamarack Cr.
City: N. Kingstown State: RI Zip: 02852

Secretary Name: Josua Trainer
Street Address: 138 Laurel Ridge Lane
City: N. Kingstown State: RI Zip: 02852

Treasurer Name: David M. Campanella
Street Address: 47 Tamarack Cr.
City: N. Kingstown State: RI Zip: 02852

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

Director Name: Joshua Trainer
Street Address: 138 Laurel Ridge Lane
City: N. Kingstown State: RI Zip: 02852

Director Name: David M. Campanella
Street Address: 47 Tamarack Cr.
City: N. Kingstown State: RI Zip: 02852

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	Common	No Par

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par

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

[redacted]

[redacted]

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 — *Date*: 3/13/02

Joshua Trainer, President
Print or Type Name of Officer

Title of Officer

File Date: 3-22-02

Check No.: 1445

By: RMF

FOR SECRETARY OF STATE USE ONLY

[redacted]