



# State of California Secretary of State

## STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. **LIMITED LIABILITY COMPANY NAME** (Please do not alter if name is preprinted.)

Copilotco LLC

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**FEB 23 2011**

This Space For Filing Use Only

**DUE DATE:**

**FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER

201102810354

3. STATE OR PLACE OF ORGANIZATION

California

**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE
10755 Scripps Poway Pkwy. #449	San Diego CA	92131

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)	CITY	STATE	ZIP CODE
10755 Scripps Poway Pkwy. #449	San Diego	CA	92131

**NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY**

6. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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**NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER** (Attach additional pages, if necessary.)

7. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Tracy Reed	10755 Scripps Poway Pkwy. #449	San Diego CA	92131

8. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Rod Hamby	10755 Scripps Poway Pkwy. #449	San Diego CA	92131

9. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Trinity Reed	10755 Scripps Poway Pkwy. #449	San Diego CA	92131

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

Legalzoom.com, Inc.

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
		CA	

**TYPE OF BUSINESS**

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Technology - Managed hosting and consulting.

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Barbara Dang

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

Authorized Rep.

02/17/2011

TITLE

DATE



Dear Valued Customer:

We are forwarding the enclosed documents received on your behalf. If you have any questions regarding these documents, please contact us at (800) 773-0888. For a full list of additional services, please visit us at [www.legalzoom.com](http://www.legalzoom.com).

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Sincerely,

*The LegalZoom.com Team*