

## State of California Secretary of State

07-263672

STATEMENT OF INFORMATION (Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C1399671 EXP COMPUTER 1296 Kifer Rd Unit#605 Sunnyvale, CA 94086

SI-200 C (REV 07/2006)

In the office of the Secretary of State of the State of California

A Res 25.007

APPROVED BY SECRETARY OF STATE

			This Space For Filing Use Onty		
DUE DATE:					
CALIFORNIA CORPORATE D	ISCLOSURE ACT (Corporations Code section	on 1502.1)			
A publicly traded corporation m	ust file with the Secretary of State a Corpo Please see reverse for additional information	orate Disclosure Statement (	Form SI-PT) annually corporations.	, within 150 days	
COMPLETE ADDRESSES FOR	R THE FOLLOWING (Do not abbreviate the	name of the city. Items 2 and 3	cannot be P.O. Boxes.)		
2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE		CITY AND STATE		CODE	
1296 Kifer Rd, Unit#605		Sunnyvale, CA		94086	
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY		CITY	STATE - ZIP (	STATE - ZIP CODE	
1296 Kifer Rd, Unit#605		Sunnyvale	CA	94086	
	DRESSES OF THE FOLLOWING OFFICE d; however, the preprinted titles on this form mu		eve these three officers.	A comparable title	
4 CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY AND STATE	ZIP (	CODE	
Soo Nam, Kim	1296 Kifer Rd #605	. Sunnyvale, CA	Sunnyvale, CA 94086		
5 SECRETARY/	ADDRESS	CITY AND STATE		CODE	
Jay, Kim	11041 Phovlap Dr	Cupertino, CA	<b>\</b>	95014	
6. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY AND STATE	ZIP (	CODE	
Joodong, Kim	5890 Palamesa Dr	San Jose, CA		95123	
	DRESSES OF ALL DIRECTORS, INCLUD tach additional pages, if necessary.)	DING DIRECTORS WHO AR	RE ALSO OFFICERS	(The corporation	
7 NAME	ADDRESS			CODE	
Soo Nam, Kim	1296 Kıfer Rd #605	Sunnyvale, CA		94086	
8 NAME	ADDRESS	CITY AND STATE	ZIP (	CODE	
Jay, Kim	11041 Phovlap Dr	Cupertino, CA		95014	
9. NAME	ADDRESS	CITY AND STATE	ZIP (	CODE	
Joodong, Kim	5890 Palamesa Dr	San Jose, CA		95123	
10 NUMBER OF VACANCIES ON THE	E BOARD OF DIRECTORS, IF ANY:				
AGENT FOR SERVICE OF PR address If the agent is another or section 1505 and Item 12 must be 11 NAME OF AGENT FOR SERVICE		nt must reside in California and le e California Secretary of State a	Item 12 must be complete a certificate pursuant to	ed with a California Corporations Code	
Soo Nam Kim					
12. ADDRESS OF AGENT FOR SERV	ICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUA	AL CITY	STATE ZIP	CODE	
1296 Kifer Rd., Unit#605		Sunnyvale	CA	94086	
TYPE OF BUSINESS					
13. DESCRIBE THE TYPE OF BUSINE Wholesales / Distributor	SS OF THE CORPORATION				
14. BY SUBMITTING THIS STATEMENTS. INCLUDING ANY ATTACHMENTS.	NT OF INFORMATION TO THE SECRETARY OF STA , IS TRUE AND CORRECT.	ATE, THE CORPORATION CERTIF	TES THE INFORMATION C	ONTAINED HEREIN,	
Soo Nam Kim	//01	u / a Presid	lent ·	5/25/2007	
TYPE OR PRINT NAME OF PERSON	N COMPLETING THE FORM SIC	SNATURE	TITLE	DATE	