

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004590 (4)**

1. Corporation Name
ARBOR SOFTWARE CORPORATION



Principal Place of Business: **1325 CHESAPEAKE TERRACE SUNNYVALE CA 94089**
Mailing Address: **1325 CHESAPEAKE TERRACE SUNNYVALE CA 94089**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **09/21/1995**
3a. Date of Last Report
4. FTI Number: **77-0277772**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DORRIAN, JAMES A	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EARLE, ROBERT J	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRUIKSHANK, KIRK A	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLLIET, GEORGE H	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DILLION, JOHN M	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	V	<input type="checkbox"/> DELETE
NAME	IMBLER, STEPHEN V	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	
CITY-ST-ZIP	SUNNYVALE CA 94089	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	John T. Chambers	
13 STREET ADDRESS	1709 W. Tasman Drive	
14 CITY-ST-ZIP	San Jose, CA 95134-1705	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Douglas M. Leone	
23 STREET ADDRESS	3000 Sand Hill Road, Ste 280, Bldg 4	
24 CITY-ST-ZIP	Menlo Park, CA 94025	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Mark W. Perry	
33 STREET ADDRESS	2490 Sand Hill Road	
34 CITY-ST-ZIP	Menlo Park, CA 94025	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Ann L. Winblad	
43 STREET ADDRESS	5900 Hollis St, Suite R	
44 CITY-ST-ZIP	Emeryville, CA 94608	
51 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Robert V. Gunderson, Jr.	
53 STREET ADDRESS	600 Hansen Way, 2nd Floor	
54 CITY-ST-ZIP	Palo Alto, CA 94306	
61 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Colliat, George	
63 STREET ADDRESS	1325 Chesapeake Terrace	
64 CITY-ST-ZIP	Sunnyvale, CA 94089	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 resigner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Stephen Imbler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 (408) 727-5800
DATE TIME PHONE

CR2E034 (12/95)