

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90191 031 \*\*\*150.00

0816253 AT

**DOCUMENT # F98000005754**

1. Entity Name

**BLUE PUMPKIN SOFTWARE, INC.**

Principal Place of Business

**884 HERMOSA CT.  
 STE 100  
 SUNNYVALE CA 94085  
 US**

Mailing Address

**884 HERMOSA CT.  
 STE 100  
 SUNNYVALE CA 94085  
 US**

2. Principal Place of Business

**884 Hermosa Court**

3. Mailing Address

**884 Hermosa Court**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Sunnyvale, CA**

City & State

**Sunnyvale, Ca**

Zip

**94085**

Country

**USA**

Zip

**94085**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**77-0461665**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ASPTZ, DORON 884 HERMOSA CT STE 100 SUNNYVALE CA 94086</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC MATAN, OFER 884 HERMOSA CT STE 100 SUNNYVALE CA 94086</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOOTNICK, LAURENCE R 884 HERMOSA CT. STE 100 SUNNYVALE CA 94086</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO SHAH, HILESH 884 HERMOSA CT. STE 100 CUNNYVALE CA 94085</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BATEMAN, MICHAEL 884 HERMOSA CT STE 100 SUNNYVALE FL 94085</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARSHALL, ROBERT 884 HERMOSA CT STE 100 SUNNYVALE FL 94085</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Controller Sanjay Lambah 884 Hermosa Ct, Ste 100 Sunnyvale, Ca 94086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SANJAY LAMBH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-02

Date

408-890-5400

Daytime Phone #

CR2E034 (9/01)