

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90076 050 ***150.00

DOCUMENT # F99000004170

1. Entity Name

AGILE SOFTWARE CORPORATION



Principal Place of Business

ONE ALMADEN BOULEVARD
12TH FLR
SAN JOSE CA 95113

Mailing Address

ONE ALMADEN BOULEVARD
12TH FLR
SAN JOSE CA 95113

2. Principal Place of Business

3. Mailing Address

Same

AGILE SOFTWARE
6373 SAN IGNACIO AVE
SAN JOSE, CA 95119

AGILE SOFTWARE
6373 SAN IGNACIO AVE
SAN JOSE, CA 95119



MOORE CR2E034 (11/03)

4. FEI Number **77-0397905**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **STOLLE, BRYAN D**
CITY-ST-ZIP **1 ALMADEN BLVD., 12TH FLOOR**
SAN JOSE CA 95113

TITLE ☒ Change ☐ Addition
NAME **Bryan D. Stolle**
STREET ADDRESS **AGILE SOFTWARE**
CITY-ST-ZIP **6373 SAN IGNACIO AVE**
SAN JOSE, CA 95119

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PATTERSON, JAMES L**
CITY-ST-ZIP **ONE ALMADEN BLVD, 12TH FLOOR**
SAN JOSE CA 95113

TITLE ☒ Change ☐ Addition
NAME **James L. Patterson**
STREET ADDRESS **AGILE SOFTWARE**
CITY-ST-ZIP **6373 SAN IGNACIO AVE**
SAN JOSE, CA 95119

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCHOENDORF, NANCY S**
CITY-ST-ZIP **ONE ALMADEN BLVD, 12TH FLOOR**
SAN JOSE CA 95113

TITLE ☒ Change ☐ Addition
NAME **Nancy S. Schoendorf**
STREET ADDRESS **AGILE SOFTWARE**
CITY-ST-ZIP **6373 SAN IGNACIO AVE**
SAN JOSE, CA 95119

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **AVER, CAROLYN V**
CITY-ST-ZIP **ONE ALMADEN BLVD, 12TH FLOOR**
SAN JOSE CA 95113

TITLE ☒ Change ☐ Addition
NAME **Carolyn V. Aver**
STREET ADDRESS **AGILE SOFTWARE**
CITY-ST-ZIP **6373 SAN IGNACIO AVE**
SAN JOSE, CA 95119

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WAHL, PAUL**
CITY-ST-ZIP **ONE ALMADEN BLVD, 12TH FLOOR**
SAN JOSE CA 95113

TITLE ☒ Change ☐ Addition
NAME **Paul Wahl**
STREET ADDRESS **AGILE SOFTWARE**
CITY-ST-ZIP **6373 SAN IGNACIO AVE**
SAN JOSE, CA 95119

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **FULCHER, JAY**
CITY-ST-ZIP **1 ALMADEN BLVD., 12TH FLOOR**
SAN JOSE CA 95113

TITLE ☒ Change ☐ Addition
NAME **Jay Fulcher**
STREET ADDRESS **AGILE SOFTWARE**
CITY-ST-ZIP **6373 SAN IGNACIO AVE**
SAN JOSE, CA 95119

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/04

408 284-4000