


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000006200 1. Entity Name VA SOFTWARE CORPORATION	
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 47071 BAYSIDE PARKWAY FREMONT, CA 94538	Mailing Address 47071 BAYSIDE PARKWAY FREMONT, CA 94538
---------------------------------------------------------------------------	---------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



08272004 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0399299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
--------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000171769 09/08/04-80004-020 550.00
-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD AUGUSTIN, LARRY M 47071 BAYSIDE PARKWAY FREMONT, CA 94538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JENAB, ALI 4701 BAYSIDE PARKWAY FREMONT, CA 94538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF MCELWEE, KATHLEEN 47071 BAYSIDE PARKWAY FREMONT, CA 94538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONE, DOUGLAS 3000 SAND HILL RD., BLDG 4 STE 180 MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMEISTER, BOB 2729 SILVER CLOUD DRIVE PARK CITY, UT 84060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, ERIC 6 KAREN DRIVE MALVERN, PA 19355
DO NOT WRITE IN THIS SPACE	

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: 	VPCFO 8/3/04 (510) 687-7000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>