

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19162** (7)

1. Corporation Name
CLARIS CORPORATION



Principal Place of Business: **5201 PATRICK HENRY DR. SANTA CLARA CA 95052-5168**
Mailing Address: **5201 PATRICK HENRY DR. SANTA CLARA CA 95052-5168**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **05/06/1988**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **68-0136717**
5. Certificate of Status Desired:
6. Election Campaign Financing:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: P	12.2 NAME: EILERS, DAN	13.1 TITLE: President	13.2 NAME: De Luca, Guerrino
12.3 STREET ADDRESS: 1224 MIRAFLORES WAY	12.4 CITY-STATE-ZIP: LOS ALTOS CA	13.3 STREET ADDRESS: 2070 Pacific Avenue, Apt 705	13.4 CITY-STATE-ZIP: San Francisco, CA 94109
12.5 TITLE: SV	12.6 NAME: GARVER, JEFFREY L	13.5 TITLE: VP Human Resources	13.6 NAME: Linsky, Roberta
12.7 STREET ADDRESS: 565 RICHMOND AVE	12.8 CITY-STATE-ZIP: SAN JOSE CA	13.7 STREET ADDRESS: 14240 Barksdale Court	13.8 CITY-STATE-ZIP: Saratoga, CA 95070
12.9 TITLE: TV	12.10 NAME: SELVI, ROBERT	13.9 TITLE: Sr VP WW Sales & Support	13.10 NAME: Goupil, Dominique
12.11 STREET ADDRESS: 1928 CAMPBELL AVE	12.12 CITY-STATE-ZIP: SARATOGA CA	13.11 STREET ADDRESS: 5933 Chabolyn Terrace	13.12 CITY-STATE-ZIP: Oakland, CA 94618
12.13 TITLE: VP	12.14 NAME: DYCKMAN, TERRY	13.13 TITLE: VP Worldwide Product Mktg	13.14 NAME: Pollock, Steve
12.15 STREET ADDRESS: 5201 PATRICK HENRY DR	12.16 CITY-STATE-ZIP: SANTA CLARA CA	13.15 STREET ADDRESS: 895 Terrace Drive	13.16 CITY-STATE-ZIP: Los Altos, CA 94024
12.17 TITLE: _____	12.18 NAME: _____	13.17 TITLE: _____	13.18 NAME: _____
12.19 STREET ADDRESS: _____	12.20 CITY-STATE-ZIP: _____	13.19 STREET ADDRESS: _____	13.20 CITY-STATE-ZIP: _____
12.21 TITLE: _____	12.22 NAME: _____	13.21 TITLE: _____	13.22 NAME: _____
12.23 STREET ADDRESS: _____	12.24 CITY-STATE-ZIP: _____	13.23 STREET ADDRESS: _____	13.24 CITY-STATE-ZIP: _____

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 receiver 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, or on an attachment with an address.

SIGNATURE: *Steve Pollock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STEVE POLLOCK VP WW PRODUCT MGMT** 1/24/96

CR2E034 (12/95)