FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32861 (7)

1. Corporation Name
CONSILIUM, INC.

Principal Place of Business	Mailing Address
640 CLYDE COURT MOUNTAIN VIEW CA 94043	640 CLYDE COURT MOUNTAIN VIEW CA 94043

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1991
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 94-2523965 ☐ Applied For ☐ Not Applicable
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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mail-in filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDS	11 TITLE	Director	☐ Change ☑ Addition
NAME	GOLOVIN, JONATHAN L.	12 NAME	L. Barton Alexander	
STREET ADDRESS	640 CLYDE COURT	13 STREET ADDRESS	640 Clyde Court	
CITY-ST-ZIP	MOUNTAIN VIEW CA	14 CITY ST ZIP	Mountain View, CA. 94043	
TITLE	PD	21 TITLE	Director	☐ Change ☑ Addition
NAME	TOMASETTI, THOMAS	22 NAME	Gerard H. Langeler	
STREET ADDRESS	640 CLYDE COURT	23 STREET ADDRESS	640 Clyde Court	
CITY-ST-ZIP	MOUNTAIN VIEW CA	24 CITY ST ZIP	Mountain View, CA. 94043	
TITLE	V	31 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	KAPLAN, FRANK	32 NAME	Robert Horne	
STREET ADDRESS	640 CLYDE COURT	33 STREET ADDRESS	640 Clyde Court	
CITY-ST-ZIP	MOUNTAIN VIEW CA	34 CITY ST ZIP	Mountain View, CA 94043	
TITLE	VC	41 TITLE	CFO	☑ Change ☐ Addition
NAME	FAVERO, DENNIS	42 NAME	Richard H. Van Hoesen	
STREET ADDRESS	640 CLYDE COURT	43 STREET ADDRESS	640 Clyde Court	
CITY-ST-ZIP	MOUNTAIN VIEW CA	44 CITY ST ZIP	Mountain View, CA 94043	
TITLE	V	51 TITLE	VP - Customer Services	☐ Change ☑ Addition
NAME	BENEK, MARY	52 NAME	Ed Norton	
STREET ADDRESS	640 CLYDE COURT	53 STREET ADDRESS	640 Clyde Court	
CITY ST ZIP	MOUNTAIN VIEW CA	54 CITY ST ZIP	Mountain View, CA 94043	
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	DEVITA, CHARLES	62 NAME		
STREET ADDRESS	640 CLYDE CT	63 STREET ADDRESS		
CITY-ST-ZIP	MOUNTAIN VIEW CA	64 CITY ST 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)(i), 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 added on an attachment with an address.

SIGNATURE: _____ 4/18/95 415-691-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483024 FP