## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002184

Entity Name: SABA SOFTWARE (CANADA) INC.

**Current Principal Place of Business:** 

495 MACH ROAD

OTTAWA ONTARIO K2K3G1

**Current Mailing Address:** 

495 MACH ROAD

OTTAWA ONTARIO K2K3G1 CA

FEI Number: 98-0215843 Certificate of Status Desired: No

FILED Feb 25, 2023

**Secretary of State** 

3528853011CC

Date

Date

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US

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: MICHAEL MALKOWSKI 02/25/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title SECRETARY

Name LASKY, AUBREY Name STEWART, MICHAEL

Address 50 QUEEN STREET NORTH Address 495 MACH ROAD

ess 50 QUEEN STREET NORTH Address 495 MACH ROAD SUITE 1020 PR BOX 2248

City-State-Zip: OTTAWA ONTARIO K2K3G1

City-State-Zip: KITCHENER ONTARIO N4H 6P4

Title DIRECTOR

Title DIRECTOR Name WEISS, ADAM

VARIED VICTOR

Name WEISS, ADAM

Electronic Signature of Signing Officer/Director Detail

Address 1601 CLOVERFIELD BLVD Address 1601 CLOVERFIELD BLVD SUITE 620S

1601 CLOVERFIELD BLVD SUITE 620S

City-State-Zip: SANTA MONICA CA 90404-4082

Title TREASURER / CFO
Name ULRICH, BRANDON

Address 1601 CLOVERFIELD BLVD

SUITE 620S

City-State-Zip: SANTA MONICA CA 90404-4082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRANDON ULRICH TREASURER 02/25/2023