

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 30 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001120

1. Corporation Name

PRIME RESPONSE, INC.

700005492277--1
-05/08/02--01057--028
****750.00 ****750.00

2. Principal Office Address

20400 STEVENS CREEK BLVD
150 Cambridge Park Drive

3. Mailing Office Address

20400 STEVENS CREEK BLVD
150 Cambridge Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUPERTINO CA
Cambridge, MA

City & State

LUPERTINO CA
Cambridge, MA

Zip

02140

Country

USA

Zip

02140

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 01, 2000

5. FEI Number

13-3972166

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cary Morgan

REGISTERED AGENT MUST SIGN

Date

4-19-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cary Morgan, Vice President

Date

4/12/02

Daytime Phone #

408-512-6100

CR2E081 (9/01)

The name and business addresses of the officers and directors of the corporation are as follows:

Officers	Name	Business Address	Expiration of Term
President	Stephen Kelly	20400 Stevens Creek Blvd, Ste 400 Cupertino, CA 95014	N/A
Treasurer	Steve Vogel	20400 Stevens Creek Blvd, Ste 400 Cupertino, CA 95014	N/A
Clerk	Steve Vogel	20400 Stevens Creek Blvd, Ste 400 Cupertino, CA 95014	N/A
V. President	Cary Morgan	20400 Stevens Creek Blvd, Ste 400 Cupertino, CA 95014	
Directors			
	Name	Business Address	Expiration of Term
	Sam Spadafora	20400 Stevens Creek Blvd, Ste 400 Cupertino, CA 95014	N/A
	Stephen Kelly	20400 Stevens Creek Blvd, Ste 400 Cupertino, CA 95014	N/A
	Joseph Tumminaro	20400 Stevens Creek Blvd, Ste 400 Cupertino, CA 95014	N/A
	Robert McKinney	Metropolitan Life Insurance One Madison Avenue, Area SH, New York, NY 10010	N/A
	David Springett, Ph.D.	Community College Foundation 1901 Royal Oaks Drive, Sacramento, CA 95815	N/A
	William Ford	Gerneral Atlantic Partners LLC 3 Pickwick Plaza Greenwich, CO 06830	N/A
	Kathryn Gould	Foundation Capital 70 Willow Rd, Ste 200 Menlo Park, CA 94025	N/A