


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90017 021 \*\*\*150.00

**DOCUMENT # F00000004765**

1. Entity Name  
**TIBCO SOFTWARE INC.**



Principal Place of Business  
**3303 HILLVIEW AVENUE  
 PALO ALTO, CA 94304**


Mailing Address  
**3303 HILLVIEW AVENUE  
 PALO ALTO, CA 94304**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country



07062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**77-0449727**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC RANADIVE, VIVEK Y 3303 HILLVIEW AVENUE PALO ALTO, CA 94304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASHRUWALA, RAJESH U 3303 HILLVIEW AVENUE PALO ALTO, CA 94304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STEFANSKI, ROBERT P. 3303 HILLVIEW AVENUE PALO ALTO, CA 94304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO O'MEARRA, CHRISTOPHER G 3303 HILLVIEW AVENUE PALO ALTO, CA 94304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICE, DAVID 3303 HILLVIEW AVENUE PALO ALTO, CA 94304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUPTA, NAREN 201 MOFFETT PARK DRIVE SUNNYVALE, CA 94089	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, WILLIAM R. 3303 HILLVIEW AVENUE PALO ALTO, CA 94304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARSEN, CHRIS 3303 HILLVIEW AVENUE PALO ALTO, CA 94304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAREY, SYDNEY 3303 HILLVIEW AVENUE PALO ALTO, CA 94304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOB, PETER FLAT 505, ROWAN HOUSE, 9 GRAYCOAT ST., LONDON SW1P 2RD, UK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, WILLIAM A. 2420 CARILLON POINT KIRKLAND, WA 98033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, ERIC C. W. 1010 EL CAMINO REAL SUITE 250 MEMLO PARK, CA 94025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** Ch G McLean **7/14/04** **(650) 846-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 14026180

TIBCO Software Inc.  
2004 UNIFORM BUSINESS REPORT (UBR)  
DOCUMENT # F00000004765

**BLOCK 11**

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TITLE	V	<input type="checkbox"/>	Change
NAME	RODE, MURAY	<input checked="" type="checkbox"/>	Addition
STREET ADDRESS	3303 HILLVIEW AVENUE		
CITY-ST-ZIP	PALO ALTO, CA 94304		

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TITLE	D	<input type="checkbox"/>	Change
<del>NAME</del>	<del>WOOD, PHILIP K.</del>	<input checked="" type="checkbox"/>	Addition
STREET ADDRESS	4 MIDDINGS WOOD, KIPPINGTON RD		
CITY-ST-ZIP	SEVENOAKS, KENT TN13 2LF, UK		

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