

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90016 025 \*\*\*550.00

DOCUMENT # F00000004960

1. Entity Name  
**COMMERCE ONE, INC.**



Principal Place of Business: 4440 ROSEWOOD DRIVE PLEASANTON CA 94588  
 Mailing Address: 4440 ROSEWOOD DRIVE PLEASANTON CA 94588

24077276



MOORE CR2E034 (11/03)

2. Principal Place of Business: 1 MARKET PLAZA, STEWART TOWER, 13TH FLOOR, SAN FRANCISCO, CA 94105  
 3. Mailing Address: 1 MARKET PLAZA, STEWART TOWER, 13TH FLOOR, SAN FRANCISCO, CA 94105

4. FEI Number: 68-0322810  
 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, C/O CT 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, State (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**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: SVP NAME: BIESTMAN, MARK STREET ADDRESS: 4440 ROSEWOOD DRIVE CITY-ST-ZIP: PLEASANTON CA 94588	<input checked="" type="checkbox"/> Delete
TITLE: CEO NAME: HOFFMAN, MARK STREET ADDRESS: 4440 ROSEWOOD DRIVE CITY-ST-ZIP: PLEASANTON CA 94588	<input type="checkbox"/> Delete
TITLE: CAO NAME: JACOBS, DIANA STREET ADDRESS: 4440 ROSEWOOD DRIVE CITY-ST-ZIP: PLEASANTON CA 94588	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BALEN, JOHN STREET ADDRESS: CANAAN PARTNERS 2884 SAND HILL ROAD #115 CITY-ST-ZIP: MENLO PARK CA 94025	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: ELMORE, BILL STREET ADDRESS: FOUNDATION CAPITAL 70 WILLOW ROAD #200 CITY-ST-ZIP: MENLO PARK CA 94025	<input checked="" type="checkbox"/> Delete
TITLE: DCC NAME: KIMMITT, ROBERT STREET ADDRESS: COMMERCE ONE, INC. 4440 ROSEWOOD DRIVE CITY-ST-ZIP: PLEASANTON CA 94588	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CFO, INTBPM NAME: TODD HAGEN STREET ADDRESS: ONE MARKET PLAZA, STEWART TOWER, 13TH FLOOR CITY-ST-ZIP: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <del>SECRETARY</del> CEO/DIRECTOR NAME: <del>BETH A. FROVILLI</del> STREET ADDRESS: ONE MARKET PLAZA, STEWART TOWER, 13TH FLOOR CITY-ST-ZIP: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SECRETARY, SUP NAME: BETH A. FROVILLI STREET ADDRESS: ONE MARKET PLAZA, STEWART TOWER, 13TH FL CITY-ST-ZIP: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input 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: Todd Hagen INTBPM LTD 5/18/04 415-644-8700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #