

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90407 007 \*\*\*150.00

00054884



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F00000006251**

1. Entity Name  
**MERCURY INTERACTIVE CORPORATION**

Principal Place of Business Mailing Address  
**1325 BORREGAS AVE 1325 BORREGAS AVE**  
**SUNNYVALE CA 94089 SUNNYVALE CA 94089**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **77-024776** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	LANDAN, AMNON	
STREET ADDRESS	1325 BORREGAS AVE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	V	<input type="checkbox"/> Delete
NAME	KLEIN, KENNETH	
STREET ADDRESS	1325 BORREGAS AVE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	S	<input type="checkbox"/> Delete
NAME	ABRAMS, SHARLENE	
STREET ADDRESS	1325 BORREGAS AVE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAMIR, YAIR	
STREET ADDRESS	1325 BORREGAS AVE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHAVI, IGAL	
STREET ADDRESS	1325 BORREGAS AVE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	DAN KEMPSKI	
STREET ADDRESS	1325 BORREGAS AVE	
CITY-ST-ZIP	SUNNYVALE, CA 94089	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CEO Klein, Kenneth</b>
STREET ADDRESS	<b>1325 Borregas Ave</b>
CITY-ST-ZIP	<b>Sunnyvale, CA 94089</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/30/01** Daytime Phone # **(408) 745-3641**

CR2E034 (10/00)