FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jun 23, 2002 8:00 am Secretary of State

06-23-2002 90504 006 ***150.00

DOCUMENT #	£000000	1251
1 Entity Name	4.00	

MERCURY THTERACTIVE CORPORATION

ļ	DO NOT WRITE	IN THIS S	PACE				
2. Principal Place of Business 3. Mailing Address 1325 BORREGAS AVENUE 1325 BORRE		EGAS AVENUE	_				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	DON	OT WRITE IN THIS SPACE		
City & State	e NUALE, CA	City & State	E, CA	4. FEI Number	Applied For Not Applicable		
Zip AHOR	Country	Zip 94089	Country USA	5. Certificate of Status D	\$8.75 Additional		
<u> unus</u>	<u>4 </u>	-11011	93	7. Name and Address of	Current Registered Agent		
			Name	orporation s	YSTEM		
	DO NOT WE	RITE	Street Address	(P.O. Box Number is Not Acc	ceptable)		
	IN THIS SPA	ACE	<u> </u>	SOUTH PINE	ISLAND ROBO		
			City	ATION,	FL Zip Code		
8. The above	named entity submits this statement for t	he purpose of changing			ate of Florida.		
DIGNATURE					•		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (N	OTE: Registered Agent signature require	d when reinstating)	DATE		
Tax filing requirement and elects to do so. After May 1 Amended			May 1 Fee is \$150.00 by 1, Fee is \$550.00 led UBR is \$61.25 able to Department of Sta	10. Election Camp Trust Fund Co			
11.	OFFICERS AND DI		able to Department of Sta	316			
TITLE	CHAIRMAN, PRESIDENT, (TITLE				
NAME	AMNON LANDAN		NAME	•			
STREET ADDRESS	1 ''		STREET ADDRESS	·			
CITY-ST-ZIP	SUNNYUALE, LA GAC	<u> </u>	CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME	CODI DIRECTOR KENNETH KLEIN		TITLE NAME				
STREET ADDRESS	1315 BORREGIAS AVENI	je	STREET ADDRESS				
CITY-ST-ZIP	sunny vale, ca 9409	<u>α</u>	CITY-ST-ZIP				
TITLE	+ DOUGHAS SMITH		TITLE				
NAME	CFO, EXECUTIVE UP		NAME	Š.			
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDRESS _CITY_ST-ZIP	DO NOT WRITE			
 =	UNITAY UALE, UA 94	to th	TITLE				
TITLE NAME	UZI SASSON		NAME	IN TH	IS SPACE		
STREET ADDRESS	MITS BORRECTAS AVE	NUE	STREET ADDRESS	,			
CITY-ST-ZIP	SUNNYUALE, LA 94080	λ	CITY-ST-ZIP				
TITLE	LEGAL.		TITLE				
NAME	susan skater		NAME				
STREET ADDRESS	1925 BORREGIAS AVE		STREET ADDRESS	•			
CITY-ST-ZIP	CHANDALE, UA 9400	19	CITY-ST-ZIP		*		
TITLE	DIRECTOR		TITLE .				
NAME OTDEET ADDRESS	IGAL KOMAUL		NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	1325 BORREUMS PUE	Vale Von	CITY-ST-ZIP				
	SUMMAUNE, A 44			ection 119.07(3)(i) Florida S	tatutes. I further certify that the information		
indicated of the cor attachmen	on this report or sypplemental report is treporation or the receiver or trustee empornt with an address with all other like emporent	ue and accurate and that vered to execute this repowered.	t my signature shall have the port as required by Chapter 6	same legal effect as if made 607, Florida Statutes; and the	tatules. I further certify that the information e under oath; that I am an officer or director at my name appears in Block 11 or on an		

SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

diBlo