2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000006461 1. Entity Name VERSATA, INC. Principal Place of Business 2101-WEBSTER STREET. 8TH FLOOR OAKLAND CA-94612 2. Principal Place of Business 3CO LAUSIAL DOVE Suite, Apt. # etc. Suite, Apt. # etc. Country Country Zip Country

FILED Aug 01, 2001 8:00 am Secretary of State

08-01-2001 90199 019 ***550.00

UUVUU 30%



Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
Cariaia, VI			,	68-0255203			Applied For	
94612 Country Zip			Zip	Country 5.		Certificate of Status Desired	S8.75 Ac	dditional
	6. Name	and Address of Current Re	gistered Agent		7. 1	Name and Address of New Reg	istered Agent	
NRAI SER 526 EAST TALLAHAS	NUE		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filing requirement and elects to do so. (See criteria on back) After September 12, 2 Make Check Payable						~ ~~·	00 May Be d to Fees	
11. OFFICERS AND DIRECTORS				12.		DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	₹S IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	Zioi Weboren Onigen, Online				300 L	s, Douglas akeside Drive id, CA 94612	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MICHELLE STER STREET, 8TH FLOO CA 94612	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 L	ateside prive	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	OAKLAND	KEVIN STER STREET, 8TH FLOO CA 94612	Deletè	NAME STREET ADDRESS CITY-ST-ZIP	200 1.0	Michelle ukeside Drive nd. 04 94612	Change	☐ Addition**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Haler, gary Ster Street, 8th Floo Ca 94612	□ Delete DR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Morgan 300 La oakian	tnaler Gary akeside Arive	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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 an address, with amount of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7/25/01 Date

5(0-628-106/