PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILE						
REINSTATEMENT		S	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			2008 FEB 27 PM 4: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # FOO OOOO 646]					-	IALLANASSEE, FLUKIUA
Versata, Inc.						
2. Principal Office Address - No P.O. Box 8 3. Making C 6011 West Courtyard Dr. 6011 V			West Courtyard Dr.			REINTON 1012 POSINT
Ste 300 Ste 30						porated or Outsified 11/20/00
Cay & State Austin, TX Cay & State Austin					680259	√ Applied For
[™] 7873	730 USA 258730			Country USA	6.	Flot Applicable E OF STATUS DESPRED ST 75 Application Flor required
	7. Name and Address of	Current Regist	cred Agent	:		
Capitol Corporate Services, Inc.					The re	einstatement fee is imposed, except in
Street Address (P.O. Bry Number is Not Acceptable) 155 Office Plaza Drive					circum the pri	stances which the entity did not receive for notices. By checking this box, you
Suite At.					1	ertifying the prior notices were not ed and requesting the reinstatement
Tallahassee				State 32301°		walved.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Dulanu Case asst. Sec. Data 1-77-08 REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo	h x	City / State / Zip
CEÓ	Randal Jacops	6011 W.Courtyard Dr., St		., Ste 300	Austin, TX 78730	
coo	Chris Smith	6011 W.Courtyard Dr., Ste		., Ste 300	Austin, TX 78730	
CFO	Sean P. Fallon			6011 W.Courtyard Dr.,		Austin, TX 78730
VPGC	Lance A. Jones	6011 W.Courtyard Dr., Ste		., Ste 300	Austin, TX 78730	
Assist Sec	Joseph A. Liemandt			6011 W.Courtyard Dr., S		
			·	·	0	2/2//08-1-01:00-10:00 ***100'8.75
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:						
	SIGNATURE AND TYPED OR PRIN	ITED NAME OF SI	GNING OFFI	CER OR DIRECTOR		Date (Dayline Phone #



January 24, 2008

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Please find the enclosed reinstatement form for Versata, Inc. The FEI number is 680255203. Also enclosed is a check for \$1058.75 for the following fees:

Annual Report Fee & Corporate Supplemental Fee for years 2002 through 2008: 7 years x \$150 = \$1050.00 Certificate of Status \$8.75

We did not receive prior notices and are requesting that the reinstatement fee be waived.

The return address for the certified document is:

Versata, Inc. Legal Department 6011 West Courtyard Drive, Ste 300 Austin, Texas 78730

If you have any questions please feel free to contact Kerri Rawson at 512.663.3382 or at kerri.trilogy@gmail.com.

Thank you for your assistance.

Sincerely

Lance A. Jones
General Counsel