2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2001 8:00 am Secretary of State DOCUMENT # F0000007128 WEBTRENDS CORPORATION OF OREGON 03-16-2001 90028 018 ***150.00 Mailing Address Principal Place of Business 851 SW SIXTH AVENUE, SUITE 1200 851 SW SIXTH AVENUE, SUITE 1200 PORTLAND OR 97204 PORTLAND OR 97204 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 43-1123 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change □ Delete TITLE TITLE PD NAME NAME BOYD, W. GLEN STREET ADDRESS STREET ADDRESS 851 SW SIXTH AVENUE, SUITE 1200 CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97204 Change Addition TITLE ☐ Delete NAME NAME THIES, BRADLEY J STREET ADDRESS STREET ADDRESS 851 SW SIXTH AVENUE, SUITE 1200 CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97204 ☐ Addition Change ☐ Delete TITLE TITLE NAME BURMEISTER-BROWN, MICHAEL NAME STREET ADDRESS STREET ADDRESS 7.10 SW MADISON, SUITE 502 CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97205 ☐ Addition ☐ Delete TITLE TITLE NAME NAME SAMPATH, SRIVATS STREET ADDRESS STREET ADDRESS 535 OAKMEAD PARKWAY CITY-ST-7/P CITY-ST-ZIP SUNNYVALE CA 94085 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME SHAPIRA, ELIJAHU STREET ADDRESS STREET ADDRESS 851 SW SIXTH AVENUE, SUITE 1200 CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97204 ☐ Change ☐ Addition ☐ Delete TITLE TITLE D NAME NAME RYAN, JOHN STREET ADORESS STREET ADDRESS 49 PETER ROAD CITY-ST-ZIP CITY-ST-ZIP <u>Southberry CT 06488</u>

13. I hereby certify that the information supplied with this filling 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. Secretary

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1211 SOUTHWEST FIFTH AVENUE, SUITE 1500 · PORTLAND, OREGON 97204-3715 TELEPHONE: 503 727-2000 · FACSIMILE: 503 727-2222

MARCELLA C. GEMELLI (503) 727-2010 gemem@perkinscoie.com

March 13, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

WebTrends Corporation; 2001 Uniform Business Report

Ladies and Gentlemen:

Enclosed for filing is the original and one copy of the 2001 Uniform Business Report for WebTrends Corporation. Please file the original, date-stamp the copy and return it to our office in the enclosed, self-addressed, stamped envelope.

Also enclosed is a check in the amount of \$150.00 to cover the filing fee.

Should you have any questions regarding this filing, please feel free to contact me.

> Sincerely, Maulla C. Lemelli

Marcella C. Gemelli

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Paralegal

MCG:dif Enclosure

cc w/o enc.: Catherine Allen

Neil Nathanson

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