

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90136 006 ***150.00

DOCUMENT # F00000007128

1. Entity Name

WEBTREND CORPORATION OF OREGON

Principal Place of Business

**851 SW SIXTH AVENUE, SUITE 1200
 PORTLAND OR 97204**

Mailing Address

**851 SW SIXTH AVENUE, SUITE 1200
 PORTLAND OR 97204**

2. Principal Place of Business

Suite, Apt. #, etc.

3553 NORTH FIRST STREET

City & State

SAN JOSE, CA

Zip

95134

Country

USA

3. Mailing Address

NETIQ CORPORATION

Suite, Apt. #, etc.

3553 NORTH FIRST STREET

City & State

SAN JOSE, CA

Zip

95134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

93-1123283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOYD, W. GLEN	
STREET ADDRESS	851 SW SIXTH AVENUE, SUITE 1200	
CITY-ST-ZIP	PORTLAND OR 97204	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THIES, BRADLEY J	
STREET ADDRESS	851 SW SIXTH AVENUE, SUITE 1200	
CITY-ST-ZIP	PORTLAND OR 97204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURMEISTER-BROWN, MICHAEL	
STREET ADDRESS	710 SW MADISON, SUITE 502	
CITY-ST-ZIP	PORTLAND OR 97205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAMPATH, SRIVATS	
STREET ADDRESS	535 OAKMEAD PARKWAY	
CITY-ST-ZIP	SUNNYVALE CA 94085	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRA, ELIJAHU	
STREET ADDRESS	851 SW SIXTH AVENUE, SUITE 1200	
CITY-ST-ZIP	PORTLAND OR 97204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYAN, JOHN	
STREET ADDRESS	49 PETER ROAD	
CITY-ST-ZIP	SOUTHBERRY CT 06488	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHING-FA HWANG	
STREET ADDRESS	3553 NORTH FIRST ST.	
CITY-ST-ZIP	SAN JOSE, CA 95134	
TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES A. BARTH	
STREET ADDRESS	3553 NORTH FIRST ST.	
CITY-ST-ZIP	SAN JOSE, CA 95134	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA K. RANDALL	
STREET ADDRESS	3553 NORTH FIRST ST.	
CITY-ST-ZIP	SAN JOSE, CA 95134	
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		

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 REQUIRED
Debra K. Randall

2/11/02

(408) 856-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)