

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90123 041 ***550.00

DOCUMENT # F01000000320

1. Entity Name
ONYX SOFTWARE CORPORATION

Principal Place of Business
3180 139TH AVE. S.E., SUITE 500
BELLEVUE WA 98005-4081

Mailing Address
3180 139TH AVE. S.E., SUITE 500
BELLEVUE WA 98005-4081

2. Principal Place of Business
SAME AS ABOVE
Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **91-1629814** **Applied For**
Zip **Country** **Zip** **Country** **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
NO CHANGE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **(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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PC	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FREI, BRENT			NAME	LESLIE RECHAN		
STREET ADDRESS	3180 139TH AVE. S.E., SUITE 500			STREET ADDRESS	3180 139TH AVE SE. STE 500		
CITY-ST-ZIP	BELLEVUE WA 98005-4081			CITY-ST-ZIP	BELLEVUE, WA 98005-4081		
TITLE	V	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRANKENBERG, EBEN			NAME	JAMES O. BECK		
STREET ADDRESS	3180 139TH AVE. S.E., SUITE 500			STREET ADDRESS	3180 139TH AVENUE SE. STE 500		
CITY-ST-ZIP	BELLEVUE WA 98005-4081			CITY-ST-ZIP	BELLEVUE, WA 98005-4081		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RACINE, MICHAEL			NAME	Brian HENRY		
STREET ADDRESS	3180 139TH AVE. S.E., SUITE 500			STREET ADDRESS	3180 139TH AVENUE SE. STE 500		
CITY-ST-ZIP	BELLEVUE WA 98005-4081			CITY-ST-ZIP	BELLEVUE, WA 98005-4081		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	VIS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAGUIRE-WARD, JILL			NAME	Paul Dauber		
STREET ADDRESS	3180 139TH AVE. S.E., SUITE 500			STREET ADDRESS	3180 139TH AVENUE SE STE 500		
CITY-ST-ZIP	BELLEVUE WA 98005-4081			CITY-ST-ZIP	BELLEVUE, WA 98005-4081		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MADER, MARK			NAME	Amy Kellern		
STREET ADDRESS	3180 139TH AVE. S.E., SUITE 500			STREET ADDRESS	3180 139TH AVENUE SE. STE 500		
CITY-ST-ZIP	BELLEVUE WA 98005-4081			CITY-ST-ZIP	BELLEVUE, WA 98005-4081		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BUNKER, BILL			NAME	Mary Reeder		
STREET ADDRESS	3180 139TH AVE. S.E., SUITE 500			STREET ADDRESS	3180 139TH AVENUE SE, STE 500		
CITY-ST-ZIP	BELLEVUE WA 98005-4081			CITY-ST-ZIP	BELLEVUE, WA 98005-4081		

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: J. Beck **SIGNATURE REQUIRED** **JAMES O. BECK** **8/19/02** **435-732-2062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (4/02)

Attachment # FD1000000320

FILE LOCATION: \\Wolf\business\Tax\CORPORATE\Onyx Software Corporation - Officers Directors.xls
SHEET NAME: "Directors"



Onyx Software Corporation

3180 - 139th Avenue SE, Suite 500, Bellevue, WA 98005-4091

Corporate Directors

Name	Title	Address
Brent R. Frei	Chairman of the Board	3180 - 139th Avenue SE, Suite 500 Bellevue, WA 98005
H. Raymond Bingham	Director	Cadence Design Systems 555 River Oaks Parkway San Jose, CA 95134
Teresa A. Dial	Director	2223 Pacific Avenue San Francisco, CA 94115
William B. Elmore	Director	Foundation Capital 70 Willow Road, Suite 200 Menlo Park, CA 94025
Lee D. Roberts	Director	FileNET Corporation 3565 Harbor Blvd. Costa Mesa, CA 92626
Daniel R. Santell	Director	Q Strategies 14181 Yorba St., Suite 102 Tustin, CA 92780