2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 APR 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400103297854
05/25/07--01024--004 **150.00

DOCUMENT # F01000000320

1. Entity Name
ONYX SOFTWARE CORPORATION

Principal Place of Business
1100 - 112TH AVE NE, SUITE 100
BELLEVUE, WA 98004

Mailing Address
1100 - 112TH AVE NE, SUITE 100
BELLEVUE, WA 98004

2. Principal Place of Business
450 E. 96th Street
Suite, Apt. #, etc. 300
City & State: Indianapolis, IN
Zip: 46240 Country: U.S.A.

3. Mailing Address
450 E. 96th Street
Suite, Apt. #, etc. 300
City & State: Indianapolis IN
Zip: 46240 Country: U.S.A.

12292006 REIN-P CR2E098 (11/05)

4. FEI Number 91-1629814 — 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)
REINSTATEMENT 06-07
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 Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — 2.27.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

700082910577
01/02/07--01052--004 **750.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☑ Delete	TITLE	Director ☑ Change ☐ Addition
NAME	ANDERSON, JANICE P	NAME	Dave Talbors
STREET ADDRESS	1100 - 112TH AVE NE, SUITE 100	STREET ADDRESS	450 E. 96th Street. Suite 300,
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	V ☑ Delete	TITLE	Director ☑ Change ☐ Addition
NAME	REEDER, MARY	NAME	Neeraj Agrawal
STREET ADDRESS	1100 - 112TH AVE NE, SUITE 100	STREET ADDRESS	450 E. 96th Street, Suite 300
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	P ☑ Delete	TITLE	Director ☑ Change ☐ Addition
NAME	DAUBER, PAUL	NAME	Orlando Bravo
STREET ADDRESS	1100 - 112TH AVE NE, SUITE 100	STREET ADDRESS	450 E. 96th Street Suite 300
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	V ☑ Delete	TITLE	President ☑ Change ☐ Addition
NAME	HENRY, BRIAN	NAME	Jeff Tognoni
STREET ADDRESS	1100 - 112TH AVE NE, SUITE 100	STREET ADDRESS	450 E. 96th Street Suite 300
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	V ☑ Delete	TITLE	Vice President ☑ Change ☐ Addition
NAME	MADER, MARK	NAME	Kathy Kinder
STREET ADDRESS	1100 - 112TH AVE NE, SUITE 100	STREET ADDRESS	450 E. 96th Street Suite 300
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	T ☑ Delete	TITLE	Assistant Secretary ☑ Change ☐ Addition
NAME	BECK, JAMES O	NAME	Don Melton
STREET ADDRESS	1100 - 112TH AVE NE, SUITE 100	STREET ADDRESS	450 E. 96th Street Suite 300
CITY-ST-ZIP	BELLEVUE, WA 98004	CITY-ST-ZIP	Indianapolis, IN 46240

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. J. Melton — DON MELTON — 12/29/2006 — (317) 249-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #