FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90076 020 ***150.00

DOCUMENT # F01000003209

1. Entity Name
INFORMATICA CORPORATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2100 SEAPORT BLVD.	2100 SEAPORT BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: REDWOOD CITY, CA	City & State: REDWOOD CITY, CA
Zip: 94063 Country: USA	Zip: 94063 Country: USA

4. FEI Number: 770333710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND RD.

City: PLANTATION FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	GAURAV DHILLON
STREET ADDRESS	2100 SEAPORT BLVD.
CITY-ST-ZIP	REDWOOD CITY, CA 94063
TITLE	S
NAME	EARL FRY
STREET ADDRESS	2100 SEAPORT BLVD.
CITY-ST-ZIP	REDWOOD CITY, CA 94063
TITLE	D
NAME	DAVID PIDWELL
STREET ADDRESS	486 COWPER ST.
CITY-ST-ZIP	PALO ALTO, CA 94301
TITLE	D
NAME	BROOKE SEAWELL
STREET ADDRESS	528 RAMONA
CITY-ST-ZIP	PALO ALTO, CA 94301
TITLE	D
NAME	JANICE CHAFFIN
STREET ADDRESS	19111 PINERIDGE
CITY-ST-ZIP	CUPERTINO, CA 95014
TITLE	D
NAME	MARK BERTELSEN
STREET ADDRESS	650 PAGE MILL
CITY-ST-ZIP	PALO ALTO, CA 94304

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ GAURAV DHILLON 650-385-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #