

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90041 038 \*\*\*150.00

<b>DOCUMENT # F01000003549</b>			
1. Entity Name <b>OPENWAVE SYSTEMS INC.</b>			
Principal Place of Business <b>1400 SEAPORT BOULEVARD REDWOOD CITY CA 94063</b>		Mailing Address <b>1400 SEAPORT BOULEVARD REDWOOD CITY CA 94063</b>	
2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address <b>SAME AS ABOVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>94-3219054</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LISTWIN, DONALD J 1400 SEAPORT BLVD REDWOOD CITY CA 94063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KENNEDY, KEVIN 1400 SEAPORT BLVD REDWOOD CITY CA 94063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D KENNEDY, KEVIN 1400 SEAPORT BOULEVARD REDWOOD CITY, CA 94063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BLACK, ALAN J 1400 SEAPORT BOULEVARD REDWOOD CITY CA 94063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V/CHIEF ACCOUNTING OFFICER JOSH PACE 1400 SEAPORT BOULEVARD REDWOOD CITY, CA 94063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WONG, RICHARD 1400 SEAPORT BOULEVARD REDWOOD CITY CA 94063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VS STEVE PETERS 1400 SEAPORT BOULEVARD REDWOOD CITY, CA 94063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULICA, MICHAEL 1400 SEAPORT BOULEVARD REDWOOD CITY CA 94063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D BERNARD PUCKETT 1400 SEAPORT BOULEVARD REDWOOD CITY, CA 94063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, ROGER 1400 SEAPORT BLVD REDWOOD CITY CA 94063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D HAROLD L. COVERT, JR. 1400 SEAPORT BOULEVARD REDWOOD CITY, CA 94063</b>

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**VP, FINANCE &  
CHIEF ACCOUNTING OFFICER**

**1650 1480-4714**

**OPENWAVE SYSTEMS INC.**  
**1400 Seaport Boulevard**  
**Redwood City, California 94063**

*Attachment*  
*#F01000003549*  
*94016163*

**Officers:**

<b>Title</b>	<b>Name</b>
President and CEO	Donald J. Listwin
Senior Vice President, Chief Administrative and Legal Officer and Secretary	Steve Peters
Chief Accounting Officer and Vice President of Finance	Josh Pace
Senior Vice President	Alan J. Black
Vice President, Human Resources	Susan Ellis
Senior Vice President	David Hose
Senior Vice President	Jon Shantz
Senior Vice President	Allen Snyder
Senior Vice President	Al Etterman
General Manager and Vice President	Thomas Reardon
General Manager, Messaging Products Group	Richard Wong

**Directors:**

<b>Title</b>	<b>Name</b>
Chairman of the Board of Directors	Bernard Puckett
Director and Vice Chairman	Donald L. Listwin
Director	Masood Jabbar
Director	Bo Hedfors
Director	Kevin Kennedy
Director	Harold L. Covert, Jr.

**ALL THE OFFICERS AND DIRECTORS ARE AT THE ABOVE ADDRESS**