
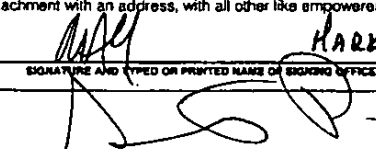
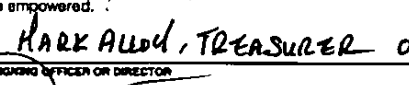


FILED
Apr 08, 2005 8:00 am
Secretary of State

03-07-2005 90270 043 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F01000003549 1. Entity Name OPENWAVE SYSTEMS INC.			
Principal Place of Business 1400 SEAPORT BOULEVARD REDWOOD CITY, CA 94063		Mailing Address 1400 SEAPORT BOULEVARD REDWOOD CITY, CA 94063	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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. 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: Reg. Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME LISTWIN, DONALD J <input type="checkbox"/> Delete STREET ADDRESS 1400 SEAPORT BLVD CITY-ST-ZIP REDWOOD CITY, CA 94063	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DONALD J. LISTWIN STREET ADDRESS 1400 SEAPORT BLVD. CITY-ST-ZIP REDWOOD CITY CA 94063	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 CFO STREET ADDRESS JOSH PACE CITY-ST-ZIP 1400 SEAPORT BLVD. REDWOOD CITY CA 94063
TITLE D NAME KENNEDY, KEVIN <input type="checkbox"/> Delete STREET ADDRESS 1400 SEAPORT BLVD CITY-ST-ZIP REDWOOD CITY, CA 94063	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 LVP/IS STREET ADDRESS STEVE PETERS CITY-ST-ZIP 1400 SEAPORT BLVD. REDWOOD CITY CA 94063	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VCAO NAME PACE, JOSH <input type="checkbox"/> Delete STREET ADDRESS 1400 SEAPORT BOULEVARD CITY-ST-ZIP REDWOOD CITY, CA 94063	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
TITLE VS NAME PETERS, STEVE <input type="checkbox"/> Delete STREET ADDRESS 1400 SEAPORT BOULEVARD CITY-ST-ZIP REDWOOD CITY, CA 94063	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
TITLE D NAME PUCKETT, BERNARD <input type="checkbox"/> Delete STREET ADDRESS 1400 SEAPORT BOULEVARD CITY-ST-ZIP REDWOOD CITY, CA 94063	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
TITLE D NAME COVERT, HAROLD L JR. <input type="checkbox"/> Delete STREET ADDRESS 1400 SEAPORT BLVD CITY-ST-ZIP REDWOOD CITY, CA 94063	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
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: 	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	
Steve Peters, Secretary		Mark Alford, Treasurer 01-26-05 (650)480-8000	
Date: 04-04-05		Date:	

ATTACHMENT

OPENWAVE SYSTEMS, INC. CORP. EIN#: 94-3219054

**1400 Seaport Boulevard
Redwood City, California 94063**

66009092
Fb1000003549

Title	Name
P/C/D	David Peterschmidt
T	Mark Alloy
EVP	Allen Snyder
SVP	Simon Wilkinson
Director	Ken Denman
Director	David Peterschmidt
Director	Masood Jabbar
Director	Bo Hedfors

ALL THE OFFICERS AND DIRECTORS ARE AT THE ABOVE ADDRESS