

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000004846

1. Entity Name  
ACCPAC INTERNATIONAL, INC.



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90714 035 \*\*\*150.00

0658796 AT

Principal Place of Business  
6700 KOLL CENTER PARKWAY, SUITE 300  
PLEASANTON CA 94566

Mailing Address  
6700 KOLL CENTER PARKWAY, SUITE 300  
PLEASANTON CA 94566



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 77-0469911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOD, DAVID H	
STREET ADDRESS	6700 KOLL CENTER PARKWAY, SUITE 300	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BIERMAN, PHILIP M	
STREET ADDRESS	6700 KOLL CENTER PARKWAY, SUITE 300	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LETTMAN, DONNAT	
STREET ADDRESS	6700 KOLL CENTER PARKWAY, SUITE 300	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THOMSON, JOHN DONALD	
STREET ADDRESS	6700 KOLL CENTER PARKWAY, SUITE 300	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WANG, CHARLES B	
STREET ADDRESS	6700 KOLL CENTER PARKWAY, SUITE 300	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOGHIN, STEVE M	
STREET ADDRESS	6700 KOLL CENTER PARKWAY, SUITE 300	
CITY-ST-ZIP	PLEASANTON CA 94566	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID SIMON	
STREET ADDRESS	6700 KOLL CTR PKWY, 300 STE.	
CITY-ST-ZIP	PLEASANTON, CA 94566	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL HOBERG	
STREET ADDRESS	6700 KOLL CTR PKWY 300 STE.	
CITY-ST-ZIP	PLEASANTON, CA 94566	
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 another like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

4/29/03

925-461-6738

Date

Daytime Phone #

CR2E034 (10/02)