

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90005 013 ***150.00

DOCUMENT # F01000005481

1. Entity Name
RIGHTNOW TECHNOLOGIES, INC.



Principal Place of Business
**40 ENTERPRISE RD.
BOZEMAN, MT 59718-9300**

Mailing Address
**P.O. BOX 9300
BOZEMAN, MT 59718-9300**

54015138



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
81-0503640

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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]

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
GIANFORTE, GREG R
40 ENTERPRISE BLVD
BOZEMAN, MT 597189300** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EVANS, ROGER L
2929 CAMPUS DRIVE, STE 400
SAN MATEO, CA 94403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANSING, WILLIAM J
228 HAMILTON AVE., 2ND FLOOR
PALO ALTO, CA 94301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HONEYCOMB, JEFFREY W
40 ENTERPRISE BLVD
BOZEMAN, MT 597189300** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
RASSABY, ALAN
40 ENTERPRISE BLVD
BOZEMAN, MT 597189300** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
CARSTENSEN, SUSAN J
40 ENTERPRISE BLVD
BOZEMAN, MT 597189300** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**margaret Taylor - Director
P.O. BOX 7546
Enclave Village, NV 89452** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Gregory Avis - Director
499 Hamilton Avenue
PALO ALTO, CA 94301** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6740 Shady Oak Rd
Eden Prairie, MN 55344** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary - ALAN RASSABY
Same** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #