


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90257 042 ***150.00

069714 AB

DOCUMENT # F02000001275	
1. Entity Name ASCENTIAL SOFTWARE CORPORATION	

Principal Place of Business 50 WASHINGTON STREET WESTBOROUGH MA 01581	Mailing Address 50 WASHINGTON STREET WESTBOROUGH MA 01581
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State	City & State
Zip	Country

4. FEI Number 94-3011736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
D	GAVIN, JOHN J.
STREET ADDRESS	50 WASHINGTON STREET
CITY-ST-ZIP	WESTBOROUGH MA 01581
<input type="checkbox"/> Delete	
TITLE	NAME
CD	GYENES, PETER
STREET ADDRESS	50 WASHINGTON STREET
CITY-ST-ZIP	WESTBOROUGH MA 01581
<input type="checkbox"/> Delete	
TITLE	NAME
P	IORE, PETER
STREET ADDRESS	50 WASHINGTON STREET
CITY-ST-ZIP	WESTBOROUGH MA 01581
<input type="checkbox"/> Delete	
TITLE	NAME
VCFO	MCBRIDE, ROBERT
STREET ADDRESS	50 WASHINGTON STREET
CITY-ST-ZIP	WESTBOROUGH MA 01581
<input type="checkbox"/> Delete	
TITLE	NAME
T	MACKIEWICZ, THOMAS
STREET ADDRESS	50 WASHINGTON STREET
CITY-ST-ZIP	WESTBOROUGH MA 01581
<input type="checkbox"/> Delete	
TITLE	NAME
S	SEMEL, SCOTT N
STREET ADDRESS	50 WASHINGTON STREET
CITY-ST-ZIP	WESTBOROUGH MA 01581
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> 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 entries.

SIGNATURE:  **Thomas G Mackiewicz**
Corporate Controller & Treasurer **4/25/03** **508306 3888**
Daytime Phone # **X3166**

CR2E034 (10/02)