


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90141 024 ***150.00

DOCUMENT # F02000004126	
1. Entity Name INTRASPECT SOFTWARE, INC.	

Principal Place of Business 8000 MARINA BLVD., SUITE 200- BRISBANE, CA 94005	Mailing Address 8000 MARINA BLVD., SUITE 200- BRISBANE, CA 94005
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2. Principal Place of Business 1301 S. MOPAC EXPWY	3. Mailing Address 1301 S. MOPAC EXPWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State AUSTIN TX	City & State AUSTIN TX
Zip 78746	Zip 78746
Country TRAVIS	Country TRAVIS



04202004 Chg-P CR2E034 (10/03) **See attached**

4. FEI Number New 01077-0411450-47-0938929	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing - <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BARNES, BEN 8000 MARINA BLVD., SUITE 200 BRISBANE, CA 94005 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SOPER, STACEY 8000 MARINA BLVD., SUITE 200 BRISBANE, CA 94005 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MORAN, JOSEPH 8000 MARINA BLVD., SUITE 200 BRISBANE, CA 94005 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HOGAN, THOMAS 1301 S. MOPAC EXPWY AUSTIN, TX 78746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SANSBURY, CHARLES 1301 S. MOPAC EXPWY AUSTIN TX 78746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Johnson, Bryce 1301 S. MOPAC EXPWY AUSTIN TX 78746 <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 empowered.

SIGNATURE:	CHARLES SANSBURY	(512) 741-3690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date