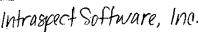
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000004126 1. Entity Name





02 SEP 11 PM 1: 10

Intraspect Software, Inc.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	DO NOT WRITE	IN THIS S	PACE	TÄLLÄHÄSSEE	, FLORIOA	
2. Principal Place of Business 8000 Marina BWd. 3. Mailing Address 8000 Marin			UM Plud	-		
8000 Marina BWd. Suite Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Suite 200		Suite 200				
City & State Brisbane, CA		City & State, Brisbane, CA		4. FEI Number 77 - 0411459	Applied For Not Applicable	
Zip QA/	05 Country SA	^{Zio} 94005	Country	5. Certificate of Status Desired	68.75 Additional ee Required	
770				7. Name and Address of Current Registered		
		oration Service Company				
	DO NOT W	KIIE	Street Address	Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE						
			City		Zio Code	
				ahassee, FL	^{Zin Code} 32301	
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.						
				(600022966	67.6	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title it applicable. (NC	TE: Registered Agent signature require	a when reinstating) DATE		
January 1 - May 1 - Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 - 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 I	DIRECTORS				
TITLE NAME	President and CEO Ben Barnes		TITLE NAME			
STREET ADDRESS	8000 Marina Blvd. Suite 200		STREET ADDRESS.			
CITY-ST-ZIP	Brisbane, CA 94005		GTY-ST-ZP			
TITLE NAME STREET ADDRESS	Stacey Soper 8000 Marina Blud. Suite 200		TATLE NAME ISTREET AUDRESS			
CITY-ST-ZIP	Brisbane, CA 94005		GITY=61HZIP			
TITLE	TIE OFO					
NAME STREET ADDRESS	Joseph Moran 8000 Marina Blud. Suite 200		NAME STREET ADDRESS .			
CITY-ST-ZIP	Brisbane, CA 94005		CITY-SI-73P	DO NOT WRITE		
TITLE			me .	IN THIS SPAC		
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			GTY-ST-ZIP			
TITLE '			Inte			
NAME STREET ADDRESS			NAME Street address			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			M LE			
NAME STREET ADDRESS			NAME Street address			
CITY-ST-ZIP			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 faceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an addition, with all other like empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an addition. SIGNATURE:



ACCOUNT NO. : 072100000032

236099-

REFERENCE

7346346

AUTHORIZATION

\$ 558.75 COST LIMIT

ORDER DATE: September 9, 2003

ORDER TIME: 8:39 AM

ORDER NO. : 236099-005

CUSTOMER NO: 7346346

CUSTOMER: Nerissa Canonizado

Intraspect Software, Inc.

Suite 200

8000 Marina Boulevard Brisbane, CA 94005

ANNUAL REPORT FILING

NAME:

INTRASPECT SOFTWARE, INC.

XX __ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: