# F02000006375

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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12/23/02-01020-023 \*\*70.00



#### **CT** CORPORATION SYSTEM

December 23, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399 02 DEC 23 PM 1:00
SECRETARY OF STAIRS

Re:

Order #: 5747745 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

OnDemand Software, Inc. (MD)

Qualification

Florida

OnDemand Software, Inc. (FL)

Dissolution

Florida

OnDemand Software, Inc. (FL)

Obtain Document - Misc - Certified copy of Dissolution

Florida

OnDemand Software, Inc. (FL)

Obtain Document - Misc - Certified copy of Application for Certificate of

Authority

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

Page 1 of 2



#### **CT** CORPORATION SYSTEM

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie\_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 24, 2002

CT CORPORATION

SUBJECT: ONDEMAND SOFTWARE, INC.

Ref. Number: W02000035776

O2 DEC 23 PM 1:00
TALLAHASSEE, FLORIDA

We have received your document for ONDEMAND SOFTWARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

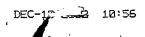
Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 002A00067311



### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

i. ONDEMAND	SOFTWARE, INC.
words or abbre	oration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or eviations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)
2. Maryland	3, 37-1430773
	y under the law of which it is incorporated) (FEI number, if applicable)
4. May 23, 2002	5. perpetual
	the of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualifica	tion
(Date firs	it transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9148 Bonita B	each Road, Suite 210
Bonita Springs	
	(Current mailing address)
	ny lawful act or activity.  (s) of corporation authorized in home state or country to be carried out in state of Florida)
(Purpose	(s) of corporation admortized in notice state of country to be carried out in state of Florida.)
9. Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	C T Corporation System
Office Address:	1200 South Pine Island Road
	Plantation , Florida, 33324
	(Zip code)
10. Registered	agent's acceptance:
this application, I with the provision	ed as registered agent and to accept service of process for the above stated corporation at the place designated in hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply is of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept my position as registered agent.  CT Corporation System  BABARA A. BURKE  (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

<sup>12.</sup> Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 C T System Online

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman: Mel Raff		· · · · <del>· ·</del>
Address: 6930 Carroll Avenue, Suite 400		
Talkoma Park, MD 206912	<u> </u>	×
Vice Chairman: Stephen Campbell		
Address: 9148 Bonita Beach Road, Suite 210		
Bonita Springs, FL 34135		
Director: Jack Palmer	- \$ 1	
Address: 9148 Bonita Beach Road, Suite 210		_
Bonita Springs, FL 34135	A PART OF	
Director: William Sommerville	<del></del>	- 177
Address: 6930 Carroll Averme, Spite 400	SS 28	
Talkoma Park, MD 20912	, , , , , , , , , , , , , , , , , , ,	-171
B. OFFICERS (Street address only - P.O. Box NOT acceptable)		
President: Jack Palmer	# N O	
Address: 9148 Bonita Beach Road, Suite 210	<b>D</b>	<u></u>
Bonim Springs, FL 34135	<u> </u>	<u></u> · .
Vice President: Mel Raff		<u></u>
Address: 6930 Carroll Avenue, Suite 400	<u> </u>	· -
Talkoma, MD 20912		
Secretary: Asst. William Sommerville	<u> </u>	- <b></b> -
Address: 6930 Carroll Avenue, Suite 400	<del></del>	· ·
Talkoma Park, MD 20912		·
Freasurer: Vice President Secretary, Treasurer: Stephen Campbell		= .
Address: 9148 Bonita Beach Road		<u>.                                    </u>
Bonita Springs, FL 34135		
NOTE: If necessary you may attach an addendum to the application listing additional o	officers and/or directors.	
3. Xt/UU		
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)	
4. Stephen R. Campbell, Vice President, Secretary, Treasurer		
(Typed or printed name and capacity of person signing	g application)	

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ONDEMAND SOFTWARE, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 19, 2002.

Paul B. Anderson Charter Division

Paul B. Under

