

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006375

FILED
Jan 11, 2005
Secretary of State

Entity Name: ONDEMAND SOFTWARE, INC.

Current Principal Place of Business:

9148 BONITA BEACH ROAD
SUITE 210
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9148 BONITA BEACH ROAD
SUITE 210
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 37-1430773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CVP () Delete
Name: RAFF, MEL
Address: 6930 CARROLL AVENUE STE. 400
City-St-Zip: TALKOMA PARK, MD 20691

Title: VCST () Delete
Name: CAMPBELL, STEPHEN
Address: 9148 BONITA BEACH ROAD STE. 210
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DP () Delete
Name: PALMER, JACK
Address: 9148 BONITA BEACH ROAD STE. 210
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DAS () Delete
Name: SOMMERVILLE, WILLIAM
Address: 6930 CARROLL AVENUE STE. 400
City-St-Zip: TALKOMA, MD 20912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CVP (X) Change () Addition
Name: RAFF, MEL
Address: 100 WAYNE AVENUE, SUITE 620
City-St-Zip: SILVER SPRING, MD 20910

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DAS (X) Change () Addition
Name: SOMMERVILLE, WILLIAM
Address: 1100 WAYNE AVENUE, SUITE 620
City-St-Zip: SILVER SPRING, MD 20910

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN R. CAMPBELL

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01/11/2005

Electronic Signature of Signing Officer or Director

Date