2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003025

Entity Name: BUSINESS OBJECTS AMERICAS CORPORATION

FILED Jun 25, 2008 Secretary of State

Current Pri	ncipal Place	e of Business:	New Principal Place	of Business:
3030 ORCH SAN JOSE,	IARD PKWY CA 95134			
Current Mailing Address:			New Mailing Address:	
ACCOUNTS PAYABLE DEPARTMENT PO BOX 9754 BELLINGHAM, WA 982279754			3030 ORCHARD PKWY. SAN JOSE, CA 95134	
FEI Number: 9	94-3144290	FEI Number Applied For () FEI Nu	mber Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address of	f New Registered Agent:
1200 SOUT	DRATION SY H PINE ISLA DN, FL 3332	ND ROAD		
The above r in the State		submits this statement for the purpose	of changing its registere	d office or registered agent, or both,
SIGNATUR				
	Electro	nic Signature of Registered Agent		Date
		93(2)(b), F.S., the corporation did not receive g Trust Fund Contribution ().	the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:			, (22) (3) (4)	ES TO OFFICERS AND DIRECTORS:
Name: Address: City-St-Zip:	P (SCHWARZ, JC 3030 ORCHAR SAN JOSE, CA) Delete DHN ID PKWY.	Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS: () Change () Addition
Name: Address:	SCHWARZ, ĴC 3030 ORCHAR SAN JOSE, CA) Delete DHN D PKWY. \$ 95134) Delete DHN D PKWY.	Title: Name: Address: City-St-Zip: Title: Name: FOUILLAND	() Change () Addition (X) Change () Addition BENOIT ARD PKWY.
Name: Address: City-St-Zip: Title: Name: Address:	SCHWARZ, JC 3030 ORCHAF SAN JOSE, CA D (SCHWARZ, JC 3030 ORCHAF SAN JOSE, CA) Delete OHN D PKWY. A 95134) Delete OHN D PKWY. A 95134) Delete MES D PKWY.	Title: Name: Address: City-St-Zip: Title: Name: Address: 3030 ORCH	() Change () Addition (X) Change () Addition BENOIT ARD PKWY.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRIAN STINE S 06/25/2008