2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003025

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SAN JOSE, CA 95134

3030 ORCHARD PKWY.

SAN JOSE, CA 95134

STINE, BRIAN

() Delete

Entity Name: BUSINESS OBJECTS AMERICAS CORPORATION

FILED Feb 02, 2009 Secretary of State

Littly Na	ille. DOSINE	33 OBJECTS AMERICAS CO	RECRATION				
Current P	rincipal Place	e of Business:	New Prin	New Principal Place of Business:			
	:HARD PKWY E, CA 95134			_VIEW AVEN TO, CA 943			
Current M	lailing Addre	ss:	New Mai	New Mailing Address:			
	:HARD PKWY E, CA 95134			3410 HILLVIEW AVENUE PALO ALTO, CA 94304			
FEI Number	: 94-3144290	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired	I ()	
Name and	Address of (Current Registered Agent:	Name an	Name and Address of New Registered Agent:			
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 3332 named entity of Florida.	ND ROAD	purpose of changing	ı its registere	d office or registered agent, c	or both,	
SIGNATU							
		nic Signature of Registered Aç	gent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P (SCHWARZ, JC 3030 ORCHAF SAN JOSE, CA	RD PKWY.	Title: Name: Address: City-St-Zip:		TEW AVENUE		
Title: Name: Address: City-St-Zip:	D (FOUILLAND, E 3030 ORCHAR SAN JOSE, CA	RD PKWY.	Title: Name: Address: City-St-Zip:		(X) Change()Addition), BENOIT IEW AVENUE), CA 94304		
Title: Name: Address:	CFO (TOLONEN, JAI 3030 ORCHAF		Title: Name: Address:	S STINE, BRI 3410 HILLV	(X) Change () Addition AN IEW AVENUE		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PALO ALTO, CA 94304

3410 HILLVIEW AVENUE

PALO ALTO, CA 94304

STINE, BRIAN

(X) Change () Addition

SIGNATURE: BRIAN STINE S 02/02/2009