

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90176 016 \*\*\*158.75

**DOCUMENT # F04000000991**

1. Entity Name  
**TIBCO BPM INC.**



Principal Place of Business  
**3303 HILLVIEW AVE  
PALO ALTO, CA 94304**

Mailing Address  
**3303 HILLVIEW AVE  
ATTN: DIANE HOLMAN  
PALO ALTO, CA 94304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006 Chg-P CR2E034 (11/05)

4. FEI Number  
**75-1850472**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete  
NAME **RANADIVE, VIVEK Y**  
STREET ADDRESS **3303 HILLVIEW AVE**  
CITY-ST-ZIP **PALO ALTO, CA 94304**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CFO** ☒ Delete  
NAME **O'MEARA, CHRISTOPHER G**  
STREET ADDRESS **3303 HILLVIEW AVE**  
CITY-ST-ZIP **PALO ALTO, CA 94304**

TITLE **CFO** ☒ Change ☐ Addition  
NAME **RODE, MURRAY**  
STREET ADDRESS **3303 HILLVIEW AVENUE**  
CITY-ST-ZIP **PALO ALTO CA 94304**

TITLE **VSD** ☐ Delete  
NAME **HUGHES, WILLIAM R**  
STREET ADDRESS **3303 HILLVIEW AVE**  
CITY-ST-ZIP **PALO ALTO, CA 94304**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ASD** ☐ Delete  
NAME **MALINASKY, LAURA**  
STREET ADDRESS **3303 HILLVIEW AVE**  
CITY-ST-ZIP **PALO ALTO, CA 94304**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **CAREY, SYDNEY**  
STREET ADDRESS **3303 HILLVIEW AVE**  
CITY-ST-ZIP **PALO ALTO, CA 94304**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*M. W. Rode*

*Murray Rode*

*4/26/06 (650) 846-1000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #