

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002136

FILED
Jan 04, 2008
Secretary of State

Entity Name: SABER SOFTWARE AND SOLUTIONS, INC.

Current Principal Place of Business:

1800 SW FIRST AVE. SUITE 350
PORTLAND, OR 97201

New Principal Place of Business:

Current Mailing Address:

1800 SW FIRST AVE. SUITE 350
PORTLAND, OR 97201

New Mailing Address:

FEI Number: 20-4427118

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: AMY GUDGEL

01/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: KHANNA, KARAN
Address: 1800 SW FIRST AVE. SUITE 350
City-St-Zip: PORTLAND, OR 97201

Title: CEO () Delete
Name: KHANNA, NITIN
Address: 1800 SW FIRST AVE. SUITE 350
City-St-Zip: PORTLAND, OR 97201

Title: GC () Delete
Name: ZOLLINGER, JAY
Address: 1800 SW FIRST AVE. SUITE 350
City-St-Zip: PORTLAND, OR 97201

Title: CFO () Delete
Name: KEEFE, SHARON
Address: 1800 SW FIRST AVE. SUITE 350
City-St-Zip: PORTLAND, OR 97201

Title: D () Delete
Name: BISCONTI, BEN
Address: 2500 SAND HILL ROAD SUITE 100
City-St-Zip: MENLO PARK, CA 94025

Title: D () Delete
Name: PALUMBO, ROB
Address: 2500 SAND HILL ROAD SUITE 100
City-St-Zip: MENLO PARK, CA 94025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO (X) Change () Addition
Name: KHANNA, KARAN
Address: 1800 SW FIRST AVE. SUITE 350
City-St-Zip: PORTLAND, OR 97201 US

Title: CEO (X) Change () Addition
Name: KHANNA, NITIN
Address: 1800 SW FIRST AVE. SUITE 350
City-St-Zip: PORTLAND, OR 97201 US

Title: CS (X) Change () Addition
Name: ZOLLINGER, JAY
Address: 1800 SW FIRST AVE. SUITE 350
City-St-Zip: PORTLAND, OR 97201 US

Title: CFO (X) Change () Addition
Name: KEEFE, SHARON
Address: 1800 SW FIRST AVE. SUITE 350
City-St-Zip: PORTLAND, OR 97201 US

Title: DIRE (X) Change () Addition
Name: EAZOR, JOE
Address: 5400 LEGACY DRIVE H3-5C-36
City-St-Zip: PLANO, TX 85024 US

Title: D (X) Change () Addition
Name: ANDERSON, BARBARA
Address: 5400 LEGACY DRIVE H3-5C-36
City-St-Zip: PLANO, TX 85024

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: JAY ZOLLINGER

CS

01/04/2008

Electronic Signature of Signing Officer or Director

Date