


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90367 020 \*\*\*150.00

<b>DOCUMENT # F06000005357</b>	
1. Entity Name <b>OUTLOOKSOFT CORPORATION</b>	

Principal Place of Business <b>263 TRESSLER BLVD. ONE STAMFORD PLAZA, 11TH FLOOR STAMFORD, CT 06901</b>	Mailing Address <b>% SAP AMERICA, INC. 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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04032008 Chg-P CR2E034 (12/06)

4. FEI Number <b>06-1540741</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WILMINGTON, PHIL 263 TRESSER BLVD, 11TH FLOOR STAMFORD, CT 069013281 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MARK WHITE 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GHOSTLAW, DONALD 263 TRESSER BLVD, 11TH FLOOR STAMFORD, CT 069013281 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES S. MACKEY 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILK, KEVIN 263 TRESSER BLVD, 11TH FLOOR STAMFORD, CT 069013281 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAD BRUBAKER 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANTO, MIKE 263 TRESSER BLVD, 11TH FLOOR STAMFORD, CT 069013281 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ELIZABETH D. HECK 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BHURSI, ANEEL 2929 CAMPUS DRIVE SUITE 400 SAN MATEO, CA 94403 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES ZEBLEY 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MICHAEL 20 WILLIAM STREET, SUITE 200 WELLESLEY, MA 02481 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elizabeth D. Heck **Elizabeth D. Heck** 4/17/2008 610-661-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #