

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005357

FILED
Apr 27, 2009
Secretary of State

Entity Name: OUTLOOKSOFT CORPORATION

Current Principal Place of Business:

263 TRESSLER BLVD.
ONE STAMFORD PLAZA, 11TH FLOOR
STAMFORD, CT 06901

New Principal Place of Business:

Current Mailing Address:

% SAP AMERICA, INC.
3999 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073

New Mailing Address:

FEI Number: 06-1540741

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:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: WILMINGTON, PHIL
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP () Delete
Name: MACKEY, JAMES S
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: SD () Delete
Name: BRUBAKER, BRAD
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AS () Delete
Name: HECK, ELIZABETH D
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: T () Delete
Name: ZEBLEY, JAMES
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: WHITE, MARK
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELIZABETH D. HECK

AS

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date