

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005357

FILED  
Apr 16, 2010  
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:**

ONE STAMFORD PLAZA, 263 TRESSER BLVD.  
STAMFORD, CT 06901

**Current Mailing Address:**

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

**New Mailing Address:**

ONE STAMFORD PLAZA, 263 TRESSER BLVD.  
STAMFORD, CT 06901

**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  
**Name:** WHITE, MARK  
**Address:** ONE STAMFORD PLAZA, 263 TRESSER BLVD.  
**City-St-Zip:** STAMFORD, CT 06901

**Title:** SD  
**Name:** BRUBAKER, BRAD  
**Address:** ONE STAMFORD PLAZA, 263 TRESSER BLVD.  
**City-St-Zip:** STAMFORD, CT 06901

**Title:** T  
**Name:** ZEBLEY, JAMES  
**Address:** ONE STAMFORD PLAZA, 263 TRESSER BLVD.  
**City-St-Zip:** STAMFORD, CT 06901

**Title:** VP  
**Name:** MACKEY, JAMES S  
**Address:** ONE STAMFORD PLAZA, 263 TRESSER BLVD.  
**City-St-Zip:** STAMFORD, CT 06901

**Title:** AS  
**Name:** HECK, ELIZABETH  
**Address:** ONE STAMFORD PLAZA, 263 TRESSER BLVD.  
**City-St-Zip:** STAMFORD, CT 06901

I hereby 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 all other like empowered.

**SIGNATURE:** MICHELLE DONATO

POA

04/16/2010

Electronic Signature of Signing Officer or Director

Date