


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90033 016 \*\*\*150.00

<b>DOCUMENT # F07000001255</b>	
1. Entity Name SELECTICA, INC.	

Principal Place of Business 1740 TECHNOLOGY DRIVE SUITE 450 SAN JOSE, CA 95110	Mailing Address 1740 TECHNOLOGY DRIVE SUITE 450 SAN JOSE, CA 95110
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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



08142008 Chg-P CR2E034 (12/06)

4. FEI Number 77-0432030	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
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**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ROESCHLEIN, BILL 1740 TECHNOLOGY DRIVE #450 SAN JOSE, CA 95110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, JAMIE 1 WAYSIDE ROAD BURLINGTON, MA 01803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAWATSKI, BRENDA 2840 JUNCTION AVENUE SAN JOSE, CA 95134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BENNION, STEPHEN 1740 TECHNOLOGY DRIVE #450 SAN JOSE, CA 95110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTROSKY, VINCE 14 HUSSARS CAMP PLACE RIDGEFIELD, CT 06877 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURKOWSKI, BOB 125 S. MARKET STREET #600 SAN JOSE, CA 95113 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Chair/Director Jim Thanos 1740 Technology Dr. Ste 450 San Jose CA 95110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lloyd Sems 7 Day St. Suite 1101 New York, NY 10007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/08  
Date

# 408-570-9700  
Daytime Phone #