FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:04

DOCUMENT # **F93000000433 (3)**

1. Corporation Name

225 MERCHANDISING V, INC.

Principal Place of Business	Mailing Address
THREE LIMITED PARKWAY COLUMBUS OH 43230	THREE LIMITED PARKWAY COLUMBUS OH 43230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 31-1286163	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GILMAN, KENNETH B	12 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	13 STREET ADDRESS	
CITY ST ZIP	COLUMBUS OH	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GERBER, WILLIAM K	22 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	23 STREET ADDRESS	
CITY ST ZIP	COLUMBUS OH	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	LYONS, TIMOTHY B	32 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	33 STREET ADDRESS	
CITY ST ZIP	COLUMBUS OH	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HECTORNE, PATRICK	42 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	43 STREET ADDRESS	
CITY ST ZIP	COLUMBUS OH	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth B. Gilman 5/24/95 614-479-2578
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

047A00 FP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001636 (0)**

1. Corporation Name
WIND RIVER SYSTEMS, INC.

Principal Place of Business	Mailing Address
1010 ATLANTIC AVENUE ALAMEDA CA 94501	1010 ATLANTIC AVENUE ALAMEDA CA 94501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1993**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **94-2873391** ☐ Applied For ☐ Not Applicable
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25: Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ABELMANN, RONALD A	12 NAME	
STREET ADDRESS	1010 ATLANTIC AVE	13 STREET ADDRESS	
CITY-ST-ZIP	ALAMEDA CA	14 CITY ST ZIP	
TITLE	~~D~~	21 TITLE	D ☒ Change ☐ Addition
NAME	~~HUMMER, JOHN~~	22 NAME	PRATT, DAVID
STREET ADDRESS	~~1010 ATLANTIC AVE~~	23 STREET ADDRESS	1010 ATLANTIC AVE
CITY-ST-ZIP	~~ALAMEDA CA~~	24 CITY ST ZIP	ALAMEDA CA
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	WILNER, DAVID N	32 NAME	
STREET ADDRESS	1010 ATLANTIC AVE	33 STREET ADDRESS	
CITY-ST-ZIP	ALAMEDA CA 94501	34 CITY ST ZIP	
TITLE	~~T~~	41 TITLE	T ☒ Change ☐ Addition
NAME	~~WILDE, DALE S~~	42 NAME	GIRATA, JOSEPH
STREET ADDRESS	~~1010 ATLANTIC AVE~~	43 STREET ADDRESS	1010 ATLANTIC AVENUE
CITY-ST-ZIP	~~ALAMEDA CA 94501~~	44 CITY ST ZIP	ALAMEDA, CA 94501
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	FIDDLER, JERRY L	52 NAME	
STREET ADDRESS	1010 ATLANTIC AVE	53 STREET ADDRESS	
CITY-ST-ZIP	ALAMEDA CA 94501	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ELMORE, WILLIAM B	62 NAME	
STREET ADDRESS	4 ORINDA WAY, BLDG. D., #158	63 STREET ADDRESS	
CITY-ST-ZIP	ORINDA CA 94563	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0481015 FP

F93-1636

Wind River Systems, Inc.
94-2873391

Additional Officers

Line 12 Continued

Title	V
Name	Wheaton, Robert
Address	1010 Atlantic Avenue
City/St/Zip	Alameda, CA 94501

Title	V
Name	Fraser, David
Address	1010 Atlantic Avenue
City/St/Zip	Alameda, CA 94501