FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

3. Date Incorporated or Qualified 04/02/1993	3a. Date of Last Report 05/31/1995
4. FEI Number 94-2873391	☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 617.1506, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABELMANN, RONALD A		1.2 NAME		
STREET ADDRESS	1010 ATLANTIC AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRATT, DAVID		2.2 NAME		
STREET ADDRESS	1010 ATLANTIC AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILNER, DAVID N		3.2 NAME		
STREET ADDRESS	1010 ATLANTIC AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA 94501		3.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	4.1 TITLE	CFO	☑ Change ☐ Addition
NAME	GIRATA, JOSEPH		4.2 NAME	Richard Kraber	
STREET ADDRESS	1010 ATLANTIC AVE		4.3 STREET ADDRESS	1010 Atlantic Ave	
CITY-ST-ZIP	ALAMEDA CA		4.4 CITY-ST-ZIP	Alameda, CA 94501	
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FIDDLER, JERRY L		5.2 NAME		
STREET ADDRESS	1010 ATLANTIC AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA 94501		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ELMORE, WILLIAM B		6.2 NAME		
STREET ADDRESS	4 ORINDA WAY, BLDG. D., #158		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORINDA CA 94563		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Nina Kay Branson 6/6/96 510-748-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Nina Kay Branson