

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2000 8:00 am
Secretary of State
 09-01-2000 90061 045 ***550.00

DOCUMENT # F93000001636

1. Entity Name

WIND RIVER SYSTEMS, INC.

Principal Place of Business

500 WIND RIVER WAY
 ALAMEDA CA 94501
 US

Mailing Address

500 WIND RIVER WAY
 ALAMEDA CA 94501
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-2873391

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABELMANN, RONALD A	
STREET ADDRESS	500 WIND RIVERWAY	
CITY-ST-ZIP	ALAMEDA CA 94501	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRATT, DAVID	
STREET ADDRESS	500 WIND RIVER WAY	
CITY-ST-ZIP	ALAMEDA CA 94501	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	WILNER, DAVID N	
STREET ADDRESS	500 WIND RIVER WAY	
CITY-ST-ZIP	ALAMEDA CA 94501	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRABER, RICHARD	
STREET ADDRESS	500 WIND RIVERWAY	
CITY-ST-ZIP	ALAMEDA CA 94501	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FIDGLER, JERRY L	
STREET ADDRESS	500 WIND RIVER WAY	
CITY-ST-ZIP	ALAMEDA CA 94501	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELMORE, WILLIAM B	
STREET ADDRESS	500 WIND RIVERWAY	
CITY-ST-ZIP	ORINDA CA 94563	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas St. Dennis	
STREET ADDRESS	500 WIND RIVERWAY	
CITY-ST-ZIP	Alameda, CA 94501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V-P LEGAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLA STARK	
STREET ADDRESS	500 WIND RIVER WAY	
CITY-ST-ZIP	Alameda, CA 94501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 July 2000

Date

504/148-4100

Daytime Phone #

CR2E034 (5/00)

Attachment Doc # F93000001636

THIS CHECK CONTAINS SAFETY FEATURES FRONT AND BACK. DO NOT CASH UNLESS YOU CAN SEE THE WORD "SAFE" WHEN HOLDING AT AN ANGLE.



WindRiver

Wind River Systems, Inc.

500 Wind River Way
Alameda, CA 94501
PH. 510-748-4100

Wachovia Bank, N.A.
Greenville, South Carolina
In Cooperation with & Payable if Desired at
Wells Fargo Bank, N.A. 4759-623796

00083100
No. 60595

67-1/532

CHECK DATE	CHECK NUMBER	CHECK AMOUNT
15-AUG-00	60595	\$550.00

PAY Five Hundred Fifty Dollars And 00 Cents*****

TO
THE
ORDER
OF

DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

Robert A. Zamalt

⑈060595⑈ ⑆053200019⑆ 5404 34529⑈

Attachment DOC # F930000011
D0083100



Jim Zingale
Executive Director

TALLAHASSEE CENTRAL SERVICE CENTER

POST OFFICE BOX 6417
TALLAHASSEE, FLORIDA 32314-6417
PHONE (850) 488-8012 FAX (850) 487-1161

July 28, 2000

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

Wind River Systems, Inc.
Attn: Accounts Payable
500 Wind River Way
Alameda, CA 94501

4940

Dear Taxpayer,

Attached you will find your check # 59699 in the amount of \$550.00. The check was made payable and mailed to the Florida Department of Revenue in error. The check should be made payable to Department of State and mailed accordingly.

If you have any questions please do not hesitate to call.

Sincerely,

Brad Guilford
Tax Audit Supervisor

8/15/2000

Brad please see the correct check.

Thank,
James Sarmiento, Sales Tax Technician
510/749-2591

8/29/2000

To whom it may concern:
This was return to the sender time.
Per Jane I'm mailing this to PO Box 6327
Tallahassee, FL 32304
James 510-749-2591