

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # F93000001636**1. Entity Name
WIND RIVER SYSTEMS, INC.

Principal Place of Business

500 WIND RIVER WAY

ALAMEDA

94501

CA

US

Mailing Address

500 WIND RIVER WAY

ALAMEDA

94501

CA

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2873391

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

09/12/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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 empowered.

SIGNATURE: JERRY FIDDLER

CD

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)