

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 AM 8: 18

DOCUMENT # F94000004217 (5)
1. Corporation Name
PARCLACE SYSTEMS, INC.

Principal Place of Business Mailing Address
ATTN: TAX DEPT.
999 E. ARQUES AVENUE
SUNNYVALE CA 94086
ATTN: TAX DEPT.
999 E. ARQUES AVENUE
SUNNYVALE CA 94086

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/15/1994** 3a. Date of Last Report

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

4. FEI Number **77-0143293** 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.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of Now 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. (851E: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	GOLDBERG, ADELE J
STREET ADDRESS	999 E. ARQUES AVE.
CITY- ST- ZIP	SUNNYVALE CA 94086
TITLE	CFOS
NAME	AVER, CAROLYN V
STREET ADDRESS	999 E. ARQUES AVE.
CITY- ST- ZIP	SUNNYVALE CA 94086
TITLE	CEO
NAME	LYONS, WILLIAM P
STREET ADDRESS	999 E. ARQUES AVE.
CITY- ST- ZIP	SUNNYVALE CA 94086
TITLE	V
NAME	YAM, MARTIN A
STREET ADDRESS	999 E. ARQUES AVE.
CITY- ST- ZIP	SUNNYVALE CA 94086
TITLE	V
NAME	DELLINGER, RICHARD L
STREET ADDRESS	999 E. ARQUES AVE.
CITY- ST- ZIP	SUNNYVALE CA 94086
TITLE	V
NAME	OSTLER, WILLIAM O
STREET ADDRESS	999 E. ARQUES AVE.
CITY- ST- ZIP	SUNNYVALE CA 94086

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Remove- see attached list for full listing</i>
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	
5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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: W Ostler **1-23-95** **408-7173-7498**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

**ParcPlace Systems, Inc.
Officers**

Chairman	Adele J. Goldberg ParcPlace Systems, Inc. 999 E. Arques Ave. Sunnyvale CA 94086 (408) 773-7406	SSN: 321-38-5814
CEO	William P. Lyons ParcPlace Systems, Inc. 999 E. Arques Ave. Sunnyvale CA 94086 (408) 773-7439	SSN: 171-36-6972
CFO	Carolyn V. Aver ParcPlace Systems, Inc. 999 E. Arques Ave. Sunnyvale CA 94086 (408) 773-7409	SSN: 550-37-4300
V.P. Administration	Duane G. Bay ParcPlace Systems, Inc. 999 E. Arques Ave. Sunnyvale CA 94086 (408) 773-7405	SSN: 548-86-7873
V.P. Int'l Operations	Walter J. Beishem ParcPlace Systems, Inc. 999 E. Arques Ave. Sunnyvale CA 94086 (408) 773-7445	SSN: 079-42-9026
V.P. Marketing	Richard H. Dym ParcPlace Systems, Inc. 999 E. Arques Ave. Sunnyvale CA 94086 (408) 773-7483	SSN: 084-38-9106
V.P. Development	Richard P. Gabriel ParcPlace Systems, Inc. 999 E. Arques Ave. Sunnyvale CA 94086 (408) 773-7448	SSN: 012-36-9882
V.P. Finance	William O. Ostler ParcPlace Systems, Inc. 999 E. Arques Ave. Sunnyvale CA 94086 (408) 773-7443	SSN: 545-78-6389
V.P. N.A. Sales	William G. Wesemann ParcPlace Systems, Inc. 999 E. Arques Ave. Sunnyvale CA 94086 (408) 773-7454	SSN: 152-50-4514