

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005560

FILED  
Mar 18, 2011  
Secretary of State

Entity Name: ATTACHMATE CORPORATION

**Current Principal Place of Business:**

1500 DEXTER AVENUE N.  
SEATTLE, WA 98109

**New Principal Place of Business:**

**Current Mailing Address:**

1500 DEXTER AVENUE N.  
SEATTLE, WA 98109

**New Mailing Address:**

FEI Number: 91-1238718      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAWN, JEFF  
Address: 1500 DEXTER AVENUE N.  
City-St-Zip: SEATTLE, WA 98109

Title: SEC  
Name: GUILD, JENNIFER  
Address: 1500 DEXTER AVENUE N.  
City-St-Zip: SEATTLE, WA 98109

Title: VPT  
Name: SANSBURY, CHARLES  
Address: 1500 DEXTER AVENUE N.  
City-St-Zip: SEATTLE, WA 98109

Title: DIR  
Name: PERLMAN, EZRA  
Address: 1500 DEXTER AVENUE N.  
City-St-Zip: SEATTLE, WA 98109

Title: DIR  
Name: GOLOB, DAVID  
Address: 1500 DEXTER AVENUE N.  
City-St-Zip: SEATTLE, WA 98109

Title: DIR  
Name: CRABILL, SCOTT  
Address: 1500 DEXTER AVENUE N.  
City-St-Zip: SEATTLE, WA 98109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

03/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date