

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001900

1. Entity Name

~~CBT SYSTEMS USA, LTD. CORPORATION~~

SmartForce

Principal Place of Business

900 CHESAPEAKE DRIVE
REDWOOD CITY CA 94063

Mailing Address

900 CHESAPEAKE DRIVE
REDWOOD CITY CA 94063-4727

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 98-0151100

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME PD
STREET ADDRESS PRIEST, GREGORY M
CITY-ST-ZIP 900 CHESAPEAKE DRIVE
REDWOOD CITY CA 94063

TITLE ☒ Delete

NAME CFO
STREET ADDRESS OKUMOTO RICHARD
CITY-ST-ZIP 1005 HAMILTON COURT
MENLO PARK CA 94025

TITLE ☒ Delete

NAME S
STREET ADDRESS CALDWELL, JENNIFER
CITY-ST-ZIP 43 FITZWILLIAMS PL
DUBLIN 2, IRELAND

TITLE ☒ Delete

NAME S
STREET ADDRESS ROEMER BETH
CITY-ST-ZIP 1005 HAMILTON COURT
MENLO PARK CA 94025

TITLE ☐ Delete

NAME D
STREET ADDRESS GRILLOS, JOHN
CITY-ST-ZIP 555 CALIFORNIA ST.
SAN FRANCISCO CA

TITLE ☐ Delete

NAME D
STREET ADDRESS MACDONAGH, PAT
CITY-ST-ZIP THORNTON LODGE, THORNTON KILLSALLAGHAN
CO. DUBLIN

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME CFO
STREET ADDRESS David C. Drummond
CITY-ST-ZIP 900 Chesapeake Drive
Redwood City CA 94063

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME Secretary
STREET ADDRESS David C. Drummond
CITY-ST-ZIP 900 Chesapeake Drive
Redwood City CA 94063

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 (650) 817-5900

CR2E034 (9/99)