

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004590 (4)

1. Corporation Name
ARBOR SOFTWARE CORPORATION



Principal Place of Business
1344 CROSSMAN AVE
1325 CHESAPEAKE TERRACE
SUNNYVALE CA 94089

Mailing Address
1344 CROSSMAN AVE
1325 CHESAPEAKE TERRACE
SUNNYVALE CA 94089

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1344 Crossman Ave. Suite, Apt. #, etc. 22 City & State 23 Sunnyvale, CA Zip 24 94089		2a. Mailing Address 25 1344 Crossman Ave. Suite, Apt. #, etc. 27 City & State 28 Sunnyvale, CA Zip 29 94089		3. Date Incorporated or Qualified 09/21/1995		3a. Date of Last Report 05/01/1996	
				4. FEI Number 77-0277772		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORRIAN, JAMES A	1.2 NAME	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94089	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, JOHN T	2.2 NAME	
STREET ADDRESS	1709 W TASMAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUIKSHANK, KIRK A	3.2 NAME	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94089	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIET, GEORGE H	4.2 NAME	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94089	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, JOHN M	5.2 NAME	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94089	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMBLER, STEPHEN V	6.2 NAME	
STREET ADDRESS	1325 CHESAPEAKE TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94089	6.4 CITY-ST-ZIP	

14. I do 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 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: _____

SIGNATURE: _____

8/12/97

CR2E034 (4/97)