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FILED

May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
SUNNYVALE CA 94089
US**

Mailing Address

**1344 CROSSMAN AVE
SUNNYVALE CA 94089
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/21/1995

4. FEI Number
77-0277772

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **1344 CROSSMAN AVE**

Suite, Apt. #, etc.

22

City & State

23 **SUNNYVALE, CA**

Zip

24 **94089**

Country

25

2a. Mailing Address

26 **1344 CROSSMAN AVE**

Suite, Apt. #, etc.

27

City & State

28 **SUNNYVALE, CA**

Zip

29 **94089**

Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
DORRIAN, JAMES A**
STREET ADDRESS **1325 CHESAPEAKE TERRACE**
CITY-ST-ZIP **SUNNYVALE CA 94089**

TITLE ☐ DELETE

NAME **V
CRUKSHANK, KIRK A**
STREET ADDRESS **1325 CHESAPEAKE TERRACE**
CITY-ST-ZIP **SUNNYVALE CA 94089**

TITLE ☐ DELETE

NAME **V
DILLION, JOHN M**
STREET ADDRESS **1325 CHESAPEAKE TERRACE**
CITY-ST-ZIP **SUNNYVALE CA 94089**

TITLE ☐ DELETE

NAME **V
IMBLER, STEPHEN V**
STREET ADDRESS **1325 CHESAPEAKE TERRACE**
CITY-ST-ZIP **SUNNYVALE CA 94089**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **1344 CROSSMAN AVE**
1.3 STREET ADDRESS **SUNNYVALE, CA 94089**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **SAME AS ABOVE**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **SAME AS ABOVE**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **SAME AS ABOVE**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, as changed, or on an attachment with an address.

SIGNATURE:

Stephen Imbler

April 22 1998 (408) 541 4036

CR2E034 (10/97)