

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # F96000002543 (4)

1. Corporation Name

SEAGATE SOFTWARE, INC.



Principal Place of Business

PO BOX 66360
SCOTTS VALLEY CA 95067

Mailing Address

PO BOX 66360
SCOTTS VALLEY CA 95067-0360

2. Principal Place of Business

21 920 Disc Drive

Suite, Apt. #, etc.

22

City & State

23 Scotts Valley, CA

Zip

24 95066

Country

25 U.S.A.

2a. Mailing Address

26 920 Disc Drive

Suite, Apt. #, etc.

27

City & State

28 Scotts Valley, CA

Zip

29 95066

Country

30 U.S.A.

3. Date Incorporated or Qualified

05/21/1996

3a. Date of Last Report

N/A

4. FEI Number

77-0397623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP ☐ DELETE

NAME SHUGART, ALAN F

STREET ADDRESS 920 DISC DR.

CITY-ST-ZIP SCOTTS VALLEY CA 95067

TITLE DVTS ☐ DELETE

NAME WAITE, DONALD L

STREET ADDRESS 920 DISC DR.

CITY-ST-ZIP SCOTTS VALLEY CA 95067

TITLE DVAS ☐ DELETE

NAME LUCZO, STEPHEN J

STREET ADDRESS 920 DISC DR.

CITY-ST-ZIP SCOTTS VALLEY CA 95067

TITLE D ☐ DELETE

NAME FILLER, GARY

STREET ADDRESS 920 DISC DR.

CITY-ST-ZIP SCOTTS VALLEY CA 95067

TITLE D ☐ DELETE

NAME PERLMAN, LAWRENCE

STREET ADDRESS 920 DISC DR.

CITY-ST-ZIP SCOTTS VALLEY CA 95067

TITLE VAT ☐ DELETE

NAME CHAMBERLAIN, ELLEN

STREET ADDRESS 920 DISC DR.

CITY-ST-ZIP SCOTTS VALLEY CA 95067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition

1.2 NAME Ronald Zaccheo

1.3 STREET ADDRESS 920 Disc Drive

1.4 CITY-ST-ZIP Scotts Valley, CA 95066

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE DCOO ☒ Change ☐ Addition

3.2 NAME Luczo, Stephen J

3.3 STREET ADDRESS 920 Disc Drive

3.4 CITY-ST-ZIP Scotts Valley, CA 95067

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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 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:

Ronald Zaccheo

Ronald Zaccheo

Assistant Secretary

408/439-7118

CR2E034 (9/96)