

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F96000004407**

1. Corporation Name

ASPECT DEVELOPMENT, INC.

Principal Place of Business

**1300 CHARLESTON ROAD
MOUNTAIN VIEW CA 94043**

Mailing Address

**1300 CHARLESTON ROAD
MOUNTAIN VIEW CA 94043**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/27/1996

5. FEI Number

25-1622857

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	WADHWANI, ROMESH T	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA
PD	PRANG, JOSEPH C	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA
V	ALTHOFF, JAMES G	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA
D	Dury, David S.	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA
D	DELANGER, KENNETH	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA
D	Stevens, Mark A.	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA
D	BURWEN, DAVID	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA
D	Sisco, Dennis	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA
D	PALMER, CRAIG	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA
D	Goldby, Steven	1300 CHARLESTON ROAD	MOUNTAIN VIEW CA

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name

800002627558--6

Street Address (P.O. Box Number is Not Applicable)

10811/98-01080-007

Suite, Apt. #, Etc.

******900.00 ****900.00**

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Laura R. Dunlap
Laura R. DUNLAP

REGISTERED AGENT MUST SIGN

AS AGENT

Date

9-4-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
CONSTANCE CONTECOUR

Date

8-28-98 (650)428-2734

Daytime Phone #

FILED

98 SEP -8 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98

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CR2E040 (8/97)