

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90057 022 \*\*\*150.00

**DOCUMENT # F96000005881**

1. Corporation Name

**NETSCAPE COMMUNICATIONS CORPORATION**

Principal Place of Business  
**501 EAST MIDDLEFIELD ROAD  
MOUNTAIN VIEW CA 94043**

Mailing Address  
**501 EAST MIDDLEFIELD ROAD  
MOUNTAIN VIEW CA 94043**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/12/1996**

4. FEI Number  
**94-3200270**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **22000 AOL Way**

22 City & State

27 Suite, Apt. #, etc.  
28 **Dulles, VA**

23 Zip Country

29 Zip **20166** Country **USA**

9. Name and Address of Current Registered Agent

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

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 **VD** ☒ DELETE

NAME **ANDREESSEN, MARC L**  
STREET ADDRESS **501 E MIDDLEFIELD RD**  
CITY-ST-ZIP **MOUNTAIN VIEW CA**

TITLE **PD** ☒ DELETE

NAME **BARKSDALE, JAMES L**  
STREET ADDRESS **501 E MIDDLEFIELD RD**  
CITY-ST-ZIP **MOUNTAIN VIEW CA**

TITLE **V** ☒ DELETE

NAME **BERGIN, NOREEN**  
STREET ADDRESS **501 E MIDDLEFIELD RD**  
CITY-ST-ZIP **MOUNTAIN VIEW CA**

TITLE **V** ☒ DELETE

NAME **CLARK, JAMES H**  
STREET ADDRESS **501 E MIDDLEFIELD RD**  
CITY-ST-ZIP **MOUNTAIN VIEW CA**

TITLE **VT** ☒ DELETE

NAME **CURRIE, PETER**  
STREET ADDRESS **501 E MIDDLEFIELD RD**  
CITY-ST-ZIP **MOUNTAIN VIEW CA**

TITLE **VS** ☒ DELETE

NAME **KATZ, ROBERT R**  
STREET ADDRESS **501 E MIDDLEFIELD RD**  
CITY-ST-ZIP **MOUNTAIN VIEW CA**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

PD  
NAME **Robert W. Pittman**  
STREET ADDRESS **22000 AOL Way, Dulles, VA 20166**  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

VPT  
NAME **J. Michael Kelly**  
STREET ADDRESS **22000 AOL Way, Dulles, VA 20166**  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

VPS  
NAME **Sheila A. Clark**  
STREET ADDRESS **22000 AOL Way, Dulles, VA 20166**  
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sheila A. Clark, VP/Secretary**

Date

Daytime Phone #

**5/5/99 703/265-1000**

CR2E034 (1/98)

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