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FILED
May 18 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 # F97000001139 (1)

1. Corporation Name
AURUM SOFTWARE, INC.

Principal Place of Business Mailing Address
3385 SCOTT BLVD. STA. CLARA CA 95054 **3385 SCOTT BLVD. STA. CLARA CA 95054**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1997

4. FEI Number
77-0292260

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 2a. Mailing Address
 21 **2350 MISSION COLLEGE BLVD** 26 **SAME AS #2**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **STE 130D** 27
 City & State City & State
 23 **SANTA CLARA, CA** 28
 Zip Country Zip Country
 24 **95054** 25 **USA** 29 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COLEMAN, MARY E	
STREET ADDRESS	3385 SCOTT BLVD.	
CITY-ST-ZIP	STA. CLARA CA 95054	
TITLE	CFOS	<input checked="" type="checkbox"/> DELETE
NAME	DIER, CHRISTOPHER L	
STREET ADDRESS	3385 SCOTT BLVD.	
CITY-ST-ZIP	STA. CLARA CA 95054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, DAVID D	
STREET ADDRESS	3385 SCOTT BLVD.	
CITY-ST-ZIP	STA. CLARA CA 95054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CURME, OLIVER D	
STREET ADDRESS	200 PORTLAND STREET	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LESLIE, MARK J	
STREET ADDRESS	1800 PLYMOUTH ST.	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOARIE, ROBERT J	
STREET ADDRESS	3000 SAND HILL ROAD, BLDG 4, SUITE 250	
CITY-ST-ZIP	MENLO PARK CA 94025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COLEMAN, MARY E	
1.3 STREET ADDRESS	2350 MISSION COLLEGE BLVD STE 130D	
1.4 CITY-ST-ZIP	SANTA CLARA, CA 95054	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: PHIL VANSETTEN CFO/OFFICER 4/24/98 (408) 330-2821
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Phone # 0832547

CR2E034 (10/97)