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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9700003478**1. Corporation Name

ILOG, INC.

Principal Place	of Business
POMITANTINGS	DRIVE

Mailing Address

1901 LANDINGS DRIVE

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90114 048 ***158.75



3. Date Incorporated or Qualifed 07/03/1997 2. Principal Place of Business 2a. Mailing Address 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. City & State City	JUNITAN VIEV	NTIAN VIEW CA 94043 MOUNTIAN VIEW CA 94043				DO NOT WE	NITE IN THIS	SPACE				
O7/03/1997 Applied For A				\vdash	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified							
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Zip Country Zip Country Zip Country S. This corporation owes the current year Integrible Personal Property Tax. Yes XiNo	City & State		City & State				6. Election Cam	paign Financing) · [\$5.0	0 May Be	
28 29 30 Personal Property Tax.			28				Trust Fund Co	ontribution		Adde	d to Fees	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 registere 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, 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, 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 and familiar with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME LYNCH, JOHN STREET ADDRESS TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 14. CITY ST -ZP MOUNTIAN VIEW CA 22. STREET ADDRESS TITLE S OCA 95 1 3 8 Change Add Add Add Change Add Add CHANGES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 13. STREET ADDRESS 17.71 L U.C. A P.L.A.C. SA.K. JOSE , C.A. 95 1 3 8 TITLE S C.A. SA.K. JOSE , C.A. 95 1 3 8 TITLE S C.A. SA.K. JOSE , C.A. 95 1 3 8 TITLE S C.A. SA.K. JOSE , C.A. 95 1 3 8 TITLE S C.A. SA.K. JOSE , C.A. 95 1 3 8 TITLE S C.A. SA.K. JOSE , C.A. 95 1 3 8 TITLE S C.A. SA.K. JOSE , C.A. 95 1 3 8 TITLE S C.A. SA.K. JOSE , C.A. 95 1 3 8 TITLE S SIGNATURE S SIGNATURE S SIGNATURE S SIGNATURE S SIGNATURE	Zip	Country			у				rrent year Inf			
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 82 Street Address (P.O. Box Number is Not Acceptable) 83 R4 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 registere of 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, provided name of registered agent and title if applicable. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD STORET ADDRESS TITLE PD STORET ADDRESS TITLE PD STORET ADDRESS TITLE SD S		9. Name and Address of Current	Registered Agent		Mamo		0. Name and A	ddress of New	Kegisterea	Agent		\dashv
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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 phanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR