

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

FILED  
Jun 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003961 (6)**

1. Corporation Name  
**PURE ATRIA CORPORATION**

Principal Place of Business <b>18880 HOMESTEAD RD CUPTERINO CA 95014</b>	Mailing Address <b>18880 HOMESTEAD RD CUPTERINO CA 95014</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/29/1997</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>94-3141575</b>	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CFOS</b>	1.1 TITLE	<b>President</b>
NAME	<b>BAY, CHUCK</b>	1.2 NAME	<b>Paul D Levy</b>
STREET ADDRESS	<b>18880 HOMESTEAD RD</b>	1.3 STREET ADDRESS	<b>18880 Homestead Rd</b>
CITY-ST-ZIP	<b>CUPTERINO CA 95014</b>	1.4 CITY-ST-ZIP	<b>Cupterino CA 95014</b>
TITLE	<b>COB</b>	2.1 TITLE	<b>SR VP, CFO &amp; Secretary</b>
NAME	<b>LEVINE, PAUL</b>	2.2 NAME	<b>Timothy A Brenner</b>
STREET ADDRESS	<b>22 CLARKE STREET</b>	2.3 STREET ADDRESS	<b>18880 Homestead Rd</b>
CITY-ST-ZIP	<b>LEXINGTON MA 02173</b>	2.4 CITY-ST-ZIP	<b>Cupterino, CA 95014</b>
TITLE	<b>PCFO</b>	3.1 TITLE	<b>VP &amp; Assist Secretary</b>
NAME	<b>HASTINGS, REED</b>	3.2 NAME	<b>Brian Moore</b>
STREET ADDRESS	<b>18880 HOMESTEAD RD</b>	3.3 STREET ADDRESS	<b>18880 Homestead Rd</b>
CITY-ST-ZIP	<b>CUPTERINO CA 95014</b>	3.4 CITY-ST-ZIP	<b>Cupterino, CA 95014</b>
TITLE	<b>VGC</b>	4.1 TITLE	<b>Assist Secretary</b>
NAME	<b>STEIN, W G</b>	4.2 NAME	<b>Debra K Randall</b>
STREET ADDRESS	<b>18880 HOMESTEAD RD</b>	4.3 STREET ADDRESS	<b>18880 Homestead Rd</b>
CITY-ST-ZIP	<b>CUPTERINO CA 95014</b>	4.4 CITY-ST-ZIP	<b>Cupterino, CA 95014</b>
TITLE	<b>V</b>	5.1 TITLE	
NAME	<b>BARRETT, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>20 MAGUIRE ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEXINGTON MA 02173</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	
NAME	<b>RANDOLPH, MARC</b>	6.2 NAME	
STREET ADDRESS	<b>18880 HOMESTEAD RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CUPTERINO CA 95014</b>	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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)