

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

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000006215 (4)

1. Corporation Name  
SCOPUS TECHNOLOGY, INC.



Principal Place of Business  
1900 POWELL STREET, SUITE 700  
EMERYVILLE CA 94608

Mailing Address  
1900 POWELL STREET, SUITE 700  
EMERYVILLE CA 94608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/24/1997

4. FEI Number  
94-3134998

Applied For  
Not Applicable

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

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

Signature of person named in name of registered agent and the applicable (If the designated Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO  
NAME SASSON, ORI  
STREET ADDRESS 1900 POWELL ST. STE. 700  
CITY-ST-ZIP EMERYVILLE CA 94608

☐ DELETE

TITLE SV  
NAME OMID, AARON  
STREET ADDRESS 1900 POWELL ST. STE. 700  
CITY-ST-ZIP EMERYVILLE CA 94608

☐ DELETE

TITLE VCFO  
NAME AXELSON, MICHELLE  
STREET ADDRESS 1900 POWELL ST. STE. 700  
CITY-ST-ZIP EMERYVILLE CA 94608

☐ DELETE

TITLE V  
NAME MAKAGON, KIRA  
STREET ADDRESS 1900 POWELL ST. STE. 700  
CITY-ST-ZIP EMERYVILLE CA 94608

☐ DELETE

TITLE V  
NAME BORK, JEFFREY  
STREET ADDRESS 1900 POWELL ST. STE. 700  
CITY-ST-ZIP EMERYVILLE CA 94608

☐ DELETE

TITLE V  
NAME JACOB, STEVE  
STREET ADDRESS 1900 POWELL ST. STE. 700  
CITY-ST-ZIP EMERYVILLE CA 94608

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 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.

5/6/98 (510)597-5800

CR2E034 (10/97)