

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F97000006868**

1. Entity Name

PeopleSoft USA, Inc.

**FILED
May 13, 2002 8:00 am
Secretary of State**

05-13-2002 90097 029 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4305 Hacienda Dr

Suite, Apt. #, etc.

3. Mailing Address

4305 Hacienda Dr

Suite, Apt. #, etc.

City & State

Pleasanton CA

Zip

94588

Country
USA

City & State

Pleasanton CA

Zip

94588

Country
USA

4. FEI Number

9463287072

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

1201 Halls Street

City

Tallahassee

FL **32301**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

11.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
Hill, Stephen
4305 Hacienda Dr
Pleasanton CA 94588**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
Allbritten, Laura
4305 Hacienda Dr
Pleasanton CA 94588**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DT
Hill, Stephen
4305 Hacienda Dr
Pleasanton CA 94588**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura Allbritten

Date

Daytime Phone #

Laura Allbritten