2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

PRINTED NAME OF S

GNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF

SIGNATURE:

FILED DOCUMENT # F9800000446 Apr 18, 2000 8:00 am Secretary of State WALKER INTERACTIVE SYSTEMS, INC. 04-18-2000 90036 001 ***300.00 Principal Place of Business Mailing Address 303 SECOND ST 303 SECOND ST 3 NORTH 3 NORTH SAN FRANCISCO CA 94107-1366 SAN FRANCISCO CA 94107 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-2862954 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NÓW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition Delete TITLE TITLE David C. Wetmore LIU, LEONARD Y-NAME NAME STREET ADDRESS STREET ADDRESS 303 SECOND ST 3 N CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94107 Change Addition ☐ Delete TITLE TITLE Frank M. Richardson NAME LIU, LEONARD-Y- STREET ADDRESS STREET ADDRESS 303 SECOND ST 3 NORTH CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94107 VCFO ☐ Addition TITI F **VCFO** Delete TITLE Stanley Vogler NAME NAME POLLOCK, BRUCE C STREET ADDRESS STREET ADDRESS MARATHON PLAZA THREE N., 303 2ND ST CITY-ST-ZIP SAN FRANCISCO CA 94107 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME HUBBARD, BARBARA-STREET ADDRESS STREET ADDRESS MARATHON PLAZA THREE N., 303 2ND ST CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94107 ☐ Change ☐ Addition TITLE Delete TITLE NAME ALBERDING, RICHARD C NAME STREET ADDRESS STREET ADDRESS 15 ASHDOWN PLACE CITY-ST-ZIP CITY-ST-ZIP HALF MOON BAY CA 94019 ☐ Change Delete TITLE ☐ Addition TITLE NAME AMOCHAEV, TANIA NAME STREET ADDRESS STREET ADDRESS 1400 MARINA WAY S. CITY-ST-ZIP CITY-ST-ZIP RICHMOND CA 94804 13. I hereby certify that the information supplied with this filling 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 Block 12 if

4/18/00 510.891.933