

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005754

1. Entity Name

BLUE PUMPKIN SOFTWARE, INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90007 023 ***150.00

Principal Place of Business

Mailing Address

800 W EL CAMINO REAL
STE 240
MOUNTAIN VIEW CA 94040
US

800 W EL CAMINO REAL
STE 240
MOUNTAIN VIEW CA 94040-2574
US

2. Principal Place of Business

884 Hermosa Ct

3. Mailing Address

884 Hermosa Ct

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite

City & State

Sunnyvale, CA

City & State

Sunnyvale, CA

Zip

94086

Country

U.S.A.

Zip

94086

Country

U.S.A.

4. FEI Number

77-0461665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD ASPIZ, DORON 2570 W EL CAMINO REAL #216 MOUNTAIN VIEW CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MATAN, OFER 2570 W EL CAMINO REAL #216 MOUNTAIN VIEW CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOTNICK, LAURENCE R 2570 W EL CAMINO REAL #216 MOUNTAIN VIEW CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ASPIZ, DORON 884 Hermosa Ct., Ste. 100 Sunnyvale, CA 94086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MATAN, OFER 884 Hermosa Ct., Ste. 100 Sunnyvale, CA 94086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hootnick, Laurence R 884 Hermosa Ct., Ste. 100 Sunnyvale, CA 94086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/2000 408-880-5400

CR2E034 (9/99)