


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000005853 1. Entity Name QUEST SOFTWARE, INC.	
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01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0231678	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, VINCENT
STREET ADDRESS	8001 IRVINE CT DR 200
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	PAOC
NAME	BROOKS, KEVIN
STREET ADDRESS	8001 IRVINE CTR DR 200
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	CEO
NAME	SMITH, VINCENT
STREET ADDRESS	8001 IRVINE CTR DR 200
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	VF
NAME	MORSE, M. BRINKLEY
STREET ADDRESS	8001 IRVINE CT DR 200
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	T
NAME	SCOTT, DAVIDSON
STREET ADDRESS	8001 IRVIN CTR DR 200
CITY-ST-ZIP	IRVINE, CA 92618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80085-007 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Date** 9/4/97 **Daytime Phone #** 754-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR