

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000001350**

1. Entity Name

**SAGENT TECHNOLOGY, INC.****FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90056 012 \*\*\*558.75

Principal Place of Business

**800 WEST EL CAMINO REAL  
SUITE 300  
MOUNTAIN VIEW CA 94040**

Mailing Address

**800 WEST EL CAMINO REAL  
SUITE 300  
MOUNTAIN VIEW CA 94040**

UUU8J13J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**94-3225290**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C-T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, KENNETH C	
STREET ADDRESS	800 W. EL CAMINO REAL, STE 300	
CITY-ST-ZIP	MOUNTAIN VIEW CA	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ZICKER, JOHN	
STREET ADDRESS	800 W. EL CAMINO REAL, STE 300	
CITY-ST-ZIP	MOUNTAIN VIEW CA	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WALKER, VIRGINIA	
STREET ADDRESS	800 W. EL CAMINO REAL, STE 300	
CITY-ST-ZIP	MOUNTAIN VIEW CA	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOUNIBOS, THOMAS	
STREET ADDRESS	800 W. EL CAMINO REAL, STE 300	
CITY-ST-ZIP	MOUNTAIN VIEW CA	

TITLE	V	<input type="checkbox"/> Delete
NAME	HOLCOMB, KENNETH	
STREET ADDRESS	800 W. EL CAMINO REAL, STE 300	
CITY-ST-ZIP	MOUNTAIN VIEW CA	

TITLE	V	<input type="checkbox"/> Delete
NAME	VENERABLE, MICHAEL	
STREET ADDRESS	800 W. EL CAMINO REAL, STE 300	
CITY-ST-ZIP	MOUNTAIN VIEW CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	LED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEN BARNES	
STREET ADDRESS	800 W. EL CAMINO REAL, STE 300	
CITY-ST-ZIP	MOUNTAIN VIEW, CA. 94040	

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID ELIFF	
STREET ADDRESS	800 W. EL CAMINO REAL, STE 300	
CITY-ST-ZIP	MOUNTAIN VIEW, CA. 94040	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

**DAVID ELIFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-00

Date

650-815-3179

Daytime Phone #

CR2E034 (5/00)