## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 07, 2000 8:00 am Secretary of State DOCUMENT # F9900002636 1. Entity Name 02-07-2000 90021 014 \*\*\*150.00 SEAGATE SOFTWARE INFORMATION MANAGEMENT GROUP (U Principal Place of Business Mailing Address 915 DISC DRIVE 915 DISC DRIVE B0015137 ATTN: LEGAL DEPT ATTN: LEGAL DEPT SCOTTS VALLEY CA 95066 SCOTTS VALLEY CA 95066-4543 Principal Place of Business 3. Mailing Address <u>butu breen</u>waa Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE te Apt # etc. City & State 4. FFI Number Applied For 84-1080533 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent \*\*\* C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. PD Gregory B. Kerfoot 1940 Cambie Street Change TITLE TITLE 🔽 Delete NAME **CUNNINGHAM, TERENCE** NAME STREET ADDRESS 708 FIERO COMMERCE PARK STREET ADDRESS Vancouver, BC V6B4U2 CITY-ST-ZIP CITY-ST-7IP SAN LUIS OBISPO CA 93401 M Delete TITLE DSVT TITLE eric Patcl. 1840 cambie street CHAMBERLAIN, ELLEN NAME NAME STREET ADDRESS STREET ADDRESS 915 DISC DRIVE vancouver, BC V684J2 CITY-ST-ZIP CITY-ST-ZIP SCOTTS VALLEY CA 95066 ~ [=] Change TITLE Addition TIM E ☐ Delete NAME NAME WOLFE, SUSAN STREET ADDRESS STREET ADDRESS 915 DISC DRIVE CITY-ST-ZIP CITY-ST-ZIP SCOTTS VALLEY CA 95066 Change ☐ Addition TITLE AS ☐ Delete TITLE NAME SEDLER, STEPHEN NAME STREET ADDRESS STREET ADDRESS 915 DISC DRIVE CITY-ST-ZIP CITY-ST-ZIP SCOTTS VALLEY CA 95066 **C**hange Addition ☐ Delete TITLE TITLE Hephan J. LUCZO NAME NAME LUCZO, STEPHEN STREET ADDRESS STREET ADDRESS 920 DISC DRIVE CITY-ST-ZIP CITY-ST-ZIP SCOTTS VALLEY CA 95066 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #