

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003101

1. Entity Name

QUADRAMED OPERATING CORPORATION

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90055 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1003 W. CUTTING BLVD., 2ND FLOOR  
RICHMOND CA 94804

1003 W. CUTTING BLVD., 2ND FLOOR  
RICHMOND CA 94804-2028

2. Principal Place of Business

3. Mailing Address

22 Pelican Way

22 Pelican Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

San Rafael, CA

City & State

San Rafael, CA

Zip

94901

Country

USA

Zip

94901

Country

USA

4. FEI Number

68-0422446

Applied For

Not Applicable

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

NATIONSCORP REGISTERED AGENTS, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete
NAME	DURHAM, JAMES D	
STREET ADDRESS	1003 W. CUTTING BLVD., 2ND FLOOR	
CITY-ST-ZIP	RICHMOND CA 94804	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CRACCHIOLO, JOHN V	
STREET ADDRESS	1003 W. CUTTING BLVD., 2ND FLOOR	
CITY-ST-ZIP	RICHMOND CA 94804	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTS, KEITH M	
STREET ADDRESS	1003 W. CUTTING BLVD., 2ND FLOOR	
CITY-ST-ZIP	RICHMOND CA 94804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	22 Pelican Way	
CITY-ST-ZIP	San Rafael, CA 94901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith M. Roberts

1/11/00 415-482-2100

Date

Daytime Phone #

CR2E034 (9/99)