

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003679

1. Entity Name

CALLMANAGE, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90113 020 \*\*\*150.00

Principal Place of Business

Mailing Address

460 SUMMER STREET, 3RD FLOOR  
STANFORD CT 06901

460 SUMMER STREET, 3RD FLOOR  
STANFORD CT 06901-1301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3906087

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

MURDOCH, RICHARD A ESQ.  
980 N. FEDERAL HIGHWAY, SUITE 410  
BOCA RATON FL 33432

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCEO			
	CLINE, JOSEPH	460 SUMMER STREET, 3RD FLOOR	STANFORD CT 06901	
	CD			
	BARAK, GIDEON	460 SUMMER STREET, 3RD FLOOR	STANFORD CT 06901	
	CFO			
	ONFUS, ITSIK	460 SUMMER STREET, 3RD FLOOR	STANFORD CT 06901	
	SD			
	SHOHAM, YAIR	460 SUMMER STREET, 3RD FLOOR	STANFORD CT 06901	
	AS			<input checked="" type="checkbox"/>
	VALENTINI, JOANNA	460 SUMMER STREET, 3RD FLOOR	STANFORD CT 06901	
	D			<input checked="" type="checkbox"/>
	WULKAN, ISAAC	460 SUMMER STREET, 3RD FLOOR	STANFORD CT 06901	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			STAMFORD	
			STAMFORD	
			STAMFORD	
			STAMFORD	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 (203) 351-0886

CR2E034 (9/99)