

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004170

1. Entity Name

DELAWARE AGILE SOFTWARE CORPORATION

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

03-02-2000 90106 031 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE ALMADEN BOULEVARD *12th Floor*  
 SAN JOSE CA 95113

ONE ALMADEN BOULEVARD  
 SAN JOSE CA 95113-2211

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

77-0397905

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PCD	STOLLE, BRYAN D	ONE ALMADEN BOULEVARD SAN JOSE CA 95113	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VSD	SHANAHAN, THOMAS P	ONE ALMADEN BOULEVARD SAN JOSE CA 95113	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	SCHRADER, CAROL B	ONE ALMADEN BOULEVARD SAN JOSE CA 95113	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	WISE, DOROTHY O	ONE ALMADEN BOULEVARD SAN JOSE CA 95113	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	LADIG, KLAUS-DIETER	ONE ALMADEN BOULEVARD SAN JOSE CA 95113	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MORITZ, MICHAEL	ONE ALMADEN BOULEVARD SAN JOSE CA 95113	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(408) 975-3900

CR2E034 (9/99)