

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004170

1. Entity Name
AGILE SOFTWARE CORPORATION

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90004 019 ***550.00

Principal Place of Business

ONE ALMADEN BOULEVARD
12TH FLR
SAN JOSE CA 95113

Mailing Address

ONE ALMADEN BOULEVARD
12TH FLR
SAN JOSE CA 95113

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

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, 2002 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 RCD
NAME STOLLE, BRYAN D
STREET ADDRESS ONE ALMADEN BOULEVARD
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

TITLE D
NAME James L. Patterson
STREET ADDRESS One Almaden Blvd., 12th Fl.
CITY-ST-ZIP San Jose, CA 95113 ☐ Change ☒ Addition

TITLE VSD
NAME SHANAHAN, THOMAS P
STREET ADDRESS ONE ALMADEN BOULEVARD
CITY-ST-ZIP SAN JOSE CA 95113 ☒ Delete

TITLE D
NAME Nancy S. Schoendorf
STREET ADDRESS One Almaden Blvd., 12th Fl.
CITY-ST-ZIP San Jose, CA 95113 ☐ Change ☒ Addition

TITLE V
NAME SCHRADER, CAROL B
STREET ADDRESS ONE ALMADEN BOULEVARD
CITY-ST-ZIP SAN JOSE CA 95113 ☒ Delete

TITLE SD
NAME Carolyn V. Aver
STREET ADDRESS One Almaden Blvd., 12th Fl.
CITY-ST-ZIP San Jose, CA 95113 ☐ Change ☒ Addition

TITLE D
NAME LAIDIG, KLAUS-DIETER
STREET ADDRESS ONE ALMADEN BOULEVARD
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

TITLE D
NAME Paul Wahl
STREET ADDRESS One Almaden Blvd., 12th Fl.
CITY-ST-ZIP San Jose, CA 95113 ☐ Change ☒ Addition

TITLE D
NAME MORITZ, MICHAEL
STREET ADDRESS ONE ALMADEN BOULEVARD
CITY-ST-ZIP SAN JOSE CA 95113 ☒ Delete

TITLE D
NAME Rick Browne
STREET ADDRESS One Almaden Blvd., 12th Fl.
CITY-ST-ZIP San Jose, CA 95113 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-02 408-975-3900
Da. Daytime Phone #

CR2E034 (9/01)