

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004518

1. Entity Name

SOFTWARE DEVELOPMENT SYSTEMS, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90003 025 ***550.00

Principal Place of Business

201 MOFFETT PARK DRIVE
 SUNNYVALE CA 94089

Mailing Address

~~201 MOFFETT PARK DRIVE~~ 500 Wind River Way
~~SUNNYVALE CA 94089~~ Alameda, CA 94501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

77-0517934

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: The Prentice-Hall Corp. Syst. Inc.
 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street, Sk 105
 City: Tallahassee FL Zip Code: 32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	BOESENBERG, CHARLES M	
STREET ADDRESS	201 MOFFETT PARK DRIVE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, WILLIAM C	
STREET ADDRESS	201 MOFFETT PARK DRIVE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHALLENGER, JAMES E JR.	
STREET ADDRESS	201 MOFFETT PARK DRIVE	
CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas St. Dennis	
STREET ADDRESS	500 Wind River Way	
CITY-ST-ZIP	Alameda, CA 94501	
TITLE	VP FINANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD W. KRABER	
STREET ADDRESS	500 WIND RIVER WAY	
CITY-ST-ZIP	Alameda, CA 94501	
TITLE	VP LEGAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA A STARK	
STREET ADDRESS	500 WIND RIVERWAY	
CITY-ST-ZIP	ALAMEDA, CA 94501	
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		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 July 2000

Date

510/148-4100

Daytime Phone #

CR2E034 (5/00)