FILED

CR2E034 (9/01)

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am F99000005338 DOCUMENT # Secretary of State 1. Entity Name **EVOKE SOFTWARE CORPORATION** 04-08-2002 90226 033 ***150.00 Mailing Address Principal Place of Business 832 FOLSOM STREET **832 FOLSOM STREET** STE 1000 STE 1000 SAN FRANCISCO CA 94107 SAN FRANCISCO CA 94107 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 94-3178229 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 19. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. ≪See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Defete TITLE CEOD TITLE EDWARDS, LACY NAME NAME STREET ADDRESS 832 FOLSOM STREET STE 1000 STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94107 CITY-ST-ZIP Delete ☐ Change Addition TITLE **PDCO** No Replacement TITLE NAME CORTESE, RICHARD NAME STREET ADDRESS STREET ADDRESS 832 FOLSOM STREET STE 1000 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94107 Change ☐ Addition TITLE ☐ Delete NAME NAME TONWSEND, DONALD 832 FOLSOM STREET STE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94107 ☐ Change Addition ☐ Delete TITLE TITLE VCTO NAME NAME OLSON, JACK STREET ADDRESS 832 FOLSOM STREET STE 1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94107 Vice President + General Counsel - Change Delete TITLE TITI F MA Crowley, Matthew 832 Folsom Street Ste 1000 GROVER, GAVIN NAME NAME STREET ADDRESS STREET ADDRESS 832 FOLSOM STREET STE 1000 CITY-ST-ZIP San Francisco CITY-ST-ZIP SAN FRANCISCO CA 94107 Change Addition ☐ Delete TITLE TITLE NAME LIEBER, SETH NAME 832 FOLSOM STREET, SUITE 100 STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94107 CITY-ST-ZIP 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 attachme

SIGNATURE: