

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90985 033 ***150.00

DOCUMENT # F99000005338

1. Entity Name

EVOKE SOFTWARE CORPORATION



Principal Place of Business

**832 FOLSOM STREET
STE 1000
SAN FRANCISCO CA 94107**

Mailing Address

**832 FOLSOM STREET
STE 1000
SAN FRANCISCO CA 94107**

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

94-3178229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
EDWARDS, LACY
832 FOLSOM STREET STE 1000
SAN FRANCISCO CA 94107** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
TONWSEND, DONALD
832 FOLSOM STREET STE 1000
SAN FRANCISCO CA 94107** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
OLSON, JACK
832 FOLSOM STREET STE 1000
SAN FRANCISCO CA 94107** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
CROWLEY, MATTHEW
832 FOLSOM STREET STE 1000
SAN FRANCISCO CA 94107** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LIEBER, SETH
832 FOLSOM STREET, SUITE 100
SAN FRANCISCO CA 94107** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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12. 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 10 or Block 11 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

3/16/04

Date

(415) 537-9130

Daytime Phone #