2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2001 8:00 am Secretary of State DOCUMENT # F9900006011 1. Entity Name SILVERSTREAM SOFTWARE, INC. 04-05-2001 90050 049 ***150.00 Principal Place of Business Mailing Address 2 FEDERAL ST 2 FEDERAL ST **BILLERICA MA 01821 BILLERICA MA 01821 DUULAGOJA** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 04-3318325 Not Applicable Country \$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 ---Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VP, STALTELLE PENELURA ENT ☐ Change Addition PCEO: ☐ Delete TITLE TIT! F RUBERT MORAIS LITWACK, DAVID A NAME NAME ONE BURLINGTON WOODS DRIVE. 2 FEOLIAL ST. 2 FEDERAL ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP BURLINGTON MA-01803-BILLERICA. 01821 BILLEAICA MA 01821 Change Addition **VCFO** TITLE CHAIRMAN Delete TITLE DAVID SKUK DYNES, CRAIG A NAME NAME ONE BURLINGTON WOODS DRIVE 2 FEDERAL ST. STREET ADDRESS 2 FEREMU ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BURLINGTON MA-01803**— BILL CRICA MA 01821 ☐ Change Delete____ TITLE TITLE SHEFFIELD NAME EPSTEIN, ARNOLD S NAME ONE BURLINGTON WOODS DRIVE 2 FEO CALL ST. STREET ADDRESS Z FEDERAL ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BURLINGTON MA 01803 BILLERICA, MI 01821 Jed 01821 ☐ Addition TITLE TITLE ☐ Delete GORDON, DIANE NAME NAME ONE BURLINGTON WOODS DRIVE 2 FEDERAL ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BURLINGTON MA-01803 14 01821 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME PEARCE, JOHN W Z FOREMAL ST. ONE BURLINGTON WOODS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BURLINGTON MA-01803 0182/ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_7IP

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 dustee empowered to Secute 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 principles.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM