## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 27, 2002 8:00 am Secretary of State DOCUMENT # F9900006011 1. Entity Name 08-27-2002 90114 033 \*\*\*550 00 SILVERSTREAM SOFTWARE, INC. Principal Place of Business Mailing Address 2 FEDERAL ST 2 FEDERAL ST **BILLERICA MA 01821 BILLERICA MA 01821** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-3318325 Not Applicable Zip Country Zio Country / \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. Section 1. Tel SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filling requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCE0 ☐ Delete TITLE Change X Addition John Joae NAME LITWACK, DAVID A NAME STREET ADDRESS 2 FEDERAL STREET 2 FEDERAL STREET STREET ADDRESS CITY-ST-ZIP **BILLERICA MA 01821** CITY-ST-7IP BILLERICA, MA 01821 **VCFO** ☐ Delete TITLE ☐ Change Addition Roger Vurn DYNES, CRAIG A NAME STREET ADDRESS 2 FEDERAL STREET STREET ADDRESS 2 Februar Smict CITY-ST-ZIP **BILLERICA MA 01821** CITY-ST-ZIP Biwarick, MA 01:321 TITLE VCTO Delete Change Addition NAME EPSTEIN, ARNOLD S MICHEL GUISSENS NAME STREET ADDRESS 2 FEDERAL STREET 2 FEDERAL STREET STREET ADDRESS CITY-ST-ZIP **BILLERICA MA 01821** CITY-ST-7IP BILLOTUCA, MA 01821 TITLE Delete TITLE とくての ☐ Change Addition NAME GORDON, DIANE NAME STEVEN BENFIELD STREET ADDRESS 2 FEDERAL STREET STREET ADDRESS 2 FEDERAL STAFET CITY-ST-ZIP **BILLERICA MA 01821** CITY-ST-ZIP BILLERICA, MA 01821 TITLE Delete TITLE ☐ Change Addition NAME PEARCE, JOHN W NAME STREET ADDRESS 2 FEDERAL STREET STREET ADDRESS CITY-ST-ZIP **BILLERICA MA 01821** CITY-ST-ZIP

13. I hereby certify that the information supplied well this filling 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 receive of truste's empowered; is 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. Figure 1. The received of the corporation of the received of truste's empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

vpsd

MORRIS, ROBERT

2 FEDERAL STREET

**BILLERICA MA 01821** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OF DIRECTOR DATE OFFICER OF DIRECTOR

Delete

Addition