

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90281 045 ***550.00

DOCUMENT # F99000006119

1. Entity Name
BLUE MARTINI SOFTWARE, INC.



Principal Place of Business
2600 CAMPUS DRIVE
SUITE 100
SAN MATEO CA 94403

Mailing Address
2600 CAMPUS DRIVE
SUITE 100
SAN MATEO CA 94403

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 **94-3303721**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ZWEBEN, MONTE	
STREET ADDRESS	2600 CAMPUS DRIVE	
CITY-ST-ZIP	SAN MATEO CA 94403	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	CELL, ROBERT	
STREET ADDRESS	2600 CAMPUS DRIVE	
CITY-ST-ZIP	SAN MATEO CA 94403	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAITHER, JAMES	
STREET ADDRESS	ONE MARITIME PLAZA, 20TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUENDT, WILLIAM	
STREET ADDRESS	31 MANZANITA PLACE	
CITY-ST-ZIP	MILL VALLEY CA 94941	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERHALEN, ANDREW	
STREET ADDRESS	2500 SAND HILL ROAD #113	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCHANAN, DAVE	
STREET ADDRESS	2600 CAMPUS DRIVE	
CITY-ST-ZIP	SAN MATEO CA 94403	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELL, ROBERT	
STREET ADDRESS	2600 Campus Drive	
CITY-ST-ZIP	San Mateo, CA 94403	
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		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/03/03

650-356-7683

Date

Daytime Phone #

CR2E034 (10/02)