

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90088 045 \*\*\*150.00

**DOCUMENT # F99000006200**

1. Entity Name  
**VA SOFTWARE CORPORATION**



Principal Place of Business  
**47071 BAYSIDE PARKWAY  
FREMONT, CA 94538**

Mailing Address  
**46939 47071 BAYSIDE PARKWAY  
FREMONT, CA 94538**

**50033306**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**77-0399299**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005 Fee will be \$550.00**

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  
**CBOD  
AUGUSTIN, LARRY M  
47071 BAYSIDE PARKWAY  
FREMONT, CA 94538** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CEO  
JENAB, ALI  
4701 BAYSIDE PARKWAY  
FREMONT, CA 94538** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPCF  
MCELWEE, KATHLEEN  
47071 BAYSIDE PARKWAY  
FREMONT, CA 94538** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LEONE, DOUGLAS  
3000 SAND HILL RD., BLDG 4 STE 180  
MENLO PARK, CA 94025** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
NEUMEISTER, BOB  
2729 SILVER CLOUD DRIVE  
PARK CITY, UT 84060** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
RAYMOND, ERIC  
6 KAREN DRIVE  
MALVERN, PA 19355** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CBOD  
Augustin, Larry M  
46939 Bayside Parkway  
Fremont, CA 94538** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President & CEO  
Jenab, Ali  
46939 Bayside Parkway  
Fremont, CA 94538** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SVP & CFO  
McElwee, Kathleen  
46939 Bayside Parkway  
Fremont, CA 94538** ☒ Change ☐ Addition

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

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

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

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

**SVP & CFO**

**3/18/05**

Date

**(510) 687-7000**

Daytime Phone #