2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006200

Entity Name: VA SOFTWARE CORPORATION

FILED Feb 10, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
47071 BAYSIDE PARKWAY FREMONT, CA 94538				46939 BAYSIDE PARKWAY FREMONT, CA 94538		
Current Mailing Address:				New Mailing Address:		
47071 BAYSIDE PARKWAY FREMONT, CA 94538				46939 BAYSIDE PARKWAY FREMONT, CA 94538		
FEI Number: 77-0399299 FEI Number Applied For ()			FEI Nun	Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:		Name and	Address of Ne	w Registered Agent:
1200 SOU' PLANTATI The above in the State	e of Florida.	ID ROAD US	urpose of	f changing i	ts registered offi	ice or registered agent, or both,
SIGNATUF		ic Signature of Registered Ager				 Date
Election Car		Trust Fund Contribution ().				2 4.0
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	AUGUSTIN, LAR 46939 BAYSIDE FREMONT, CA	LARKWAY		Title: Name: Address: City-St-Zip: Title:	AUGUSTIN, LARF 46939 BAYSIDE FREMONT, CA 9	PARKWAY
Name: Address: City-St-Zip:	JENAB, ALI 466939 BAYSID FREMONT, CA	E PARKWAY		Name: Address: City-St-Zip:	JENAB, ALI 46939 BAYSIDE FREMONT, CA 9	PARKWAY
Title: Name: Address: City-St-Zip:	SVCF () MCELWEE, KAT 46939 BAYSIDE FREMONT, CA	PARKWAY		Title: Name: Address: City-St-Zip:	()(Change()Addition
Title: Name: Address: City-St-Zip:	LEONE, DOUGL	_ RD., BLDG 4 STE 180		Title: Name: Address: City-St-Zip:	D (X) C GUPTA, RAM 46939 BAYSIDE FREMONT, CA 9	
Title: Name: Address: City-St-Zip:	D () NEUMEISTER, E 2729 SILVER C PARK CITY, UT	LOUD DRIVE		Title: Name: Address: City-St-Zip:	D (X) C NEUMEISTER, Bo 46939 BAYSIDE FREMONT, CA 9	PARKWAY
Title: Name: Address: City-St-Zip:	D () RAYMOND, ERI 6 KAREN DRIVE MALVERN, PA	:		Title: Name: Address: City-St-Zip:	D (X) C WRIGHT, DAVID 46939 BAYSIDE FREMONT, CA 9	PARKWAY

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN MCELWEE SVCF 02/10/2006