

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14929

FILED
Apr 12, 2006
Secretary of State

Entity Name: COGNOS CORPORATION

Current Principal Place of Business:

15 WAYSIDE ROAD
200W
BURLINGTON, MA 01803 US

New Principal Place of Business:

15 WAYSIDE ROAD
BURLINGTON, MA 01803 US

Current Mailing Address:

15 WAYSIDE ROAD
200W
BURLINGTON, MA 01803 US

New Mailing Address:

15 WAYSIDE ROAD
BURLINGTON, MA 01803 US

FEI Number: 94-2763235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SHONE, KEVIN
Address: 15 WAYSIDE ROAD
City-St-Zip: BURLINGTON, MA 01803 US

Title: VP () Delete
Name: GILBODY, RICHARD
Address: 15 WAYSIDE ROAD
City-St-Zip: BURLINGTON, MA 01803 US

Title: AS () Delete
Name: MACDOUGALL, MICHAEL
Address: 15 WAYSIDE ROAD
City-St-Zip: BURLINGTON, MA 01803

Title: AS () Delete
Name: O'BRIAN, JOANNE
Address: 15 WAYSIDE ROAD
City-St-Zip: BURLINGTON, MA 01803 US

Title: V () Delete
Name: SIRIANNI, ANTHONY
Address: 15 WAYSIDE ROAD
City-St-Zip: BURLINGTON, MA 01803 US

Title: AS () Delete
Name: CARROLL, WILLIAM
Address: 15 WAYSIDE ROAD
City-St-Zip: BURLINGTON, MA 01803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEVIN SHONE

SECR

04/12/2006

Electronic Signature of Signing Officer or Director

Date