2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14929

Entity Name: COGNOS CORPORATION

FILED Apr 15, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:	
15 WAYSI	DE ROAD				
BURLING [*]	TON, MA 0180	3 US			
Current M	lailing Addres	s:	New Mail	ing Address:	
15 WAYSI BURLING	DE ROAD TON, MA 0180	13 US			
FEI Number	: 94-2763235	FEI Number Applied For () FEI Number Not App	Dlicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agen	t: Name and	d Address of New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD			
	named entity s e of Florida.	submits this statement for	the purpose of changing	its registered office or registered agent, or both,	
SIGNATU	RF.				
0.0		ic Signature of Registered	d Agent	 Date	
Election Car		g Trust Fund Contribution ().	-		
	S AND DIREC	, ,		NS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	S ()	Delete	Title:	S (X) Change () Addition	
Name:	SHONE, KEVIN		Name:	ALI, MOHAMAD	
Address:	15 WAYSIDE R		Address:	1 NEW ORCHARD PARK	
City-St-Zip:	BURLINGTON,	MA 01803 US	City-St-Zip:	ARMONK, NY 10504 US	
Title:	P ()	Delete	Title:	V (X) Change () Addition	
Name:	GILBODY, RICH	HARD	Name:	ASHE, ROBERT	
Address:	15 WAYSIDE R	OAD	Address:	1 NEW ORCHARD PARK	
City-St-Zip:	BURLINGTON,	MA 01803 US	City-St-Zip:	ARMONK, NY 10504 US	
Title:	AS ()	Delete	Title:	T (X) Change () Addition	
Name:	WHITE, ANDRE		Name:	SCHROETER, MARTIN	
Address:	15 WAYSIDE R	OAD	Address:	1 NEW ORCHARD PARK	
City-St-Zip:	BURLINGTON,	MA 01803	City-St-Zip:	ARMONK, NY 10504	
Title:	AS ()	Delete	Title:	S (X) Change () Addition	
Name:	STONE, CHRIS		Name:	STONE, CHRISTOPHER	
Address:	15 WAYSIDE R		Address:	1 NEW ORCHARD PARK	
City-St-Zip:	BURLINGTON,		City-St-Zip:	ARMONK, NY 10504 US	
Title:	DIR ()	Delete	Title:	D (X) Change () Addition	
Name:	GILBODY, RICH		Name:	COLBURN, ARCHIE	
Address:	15 WAYSIDE R		Address:	1 NEW ORCHARD PARK	
City-St-Zip:	BURLINGTON,		City-St-Zip:	ARMONK, NY 10504 US	
Title:	ΔΤ /*	. Delete	Title	() Change () Addition	
Title: Name:	AT (X) CARROLL, WIL) Delete I IAM	Title: Name:	() Change () Addition	
Name. Address:	15 WAYSIDE R		Name. Address:		
City-St-Zin	DIDINGTON		City St Zin:		

I hereby certify that the information supplied with this filing does not qualify 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: ARCHIE COLBURN D 04/15/2008