

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14929

FILED  
Jul 30, 2009  
Secretary of State

Entity Name: COGNOS CORPORATION

## Current Principal Place of Business:

15 WAYSIDE ROAD  
BURLINGTON, MA 01803 US

## New Principal Place of Business:

## Current Mailing Address:

15 WAYSIDE ROAD  
BURLINGTON, MA 01803 US

## New Mailing Address:

FEI Number: 94-2763235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: ALI, MOHAMAD  
Address: 1 NEW ORCHARD PARK  
City-St-Zip: ARMONK, NY 10504 US

Title: V ( ) Delete  
Name: ASHE, ROBERT  
Address: 1 NEW ORCHARD PARK  
City-St-Zip: ARMONK, NY 10504 US

Title: T ( ) Delete  
Name: SCHROETER, MARTIN  
Address: 1 NEW ORCHARD PARK  
City-St-Zip: ARMONK, NY 10504

Title: S ( ) Delete  
Name: STONE, CHRISTOPHER  
Address: 1 NEW ORCHARD PARK  
City-St-Zip: ARMONK, NY 10504 US

Title: D ( ) Delete  
Name: COLBURN, ARCHIE  
Address: 1 NEW ORCHARD PARK  
City-St-Zip: ARMONK, NY 10504 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: ASHE, ROBERT  
Address: 1 NEW ORCHARD PARK  
City-St-Zip: ARMONK, NY 10504 US

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 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: CHRISTOPHER STONE

S

07/30/2009

Electronic Signature of Signing Officer or Director

Date