Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT
COGNOS CORPORATION

Certificate of Status	0
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14929

1. Corporation Name
COGNOS CORPORATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5 Technology Park Drive	5 Technology Park Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Westford, MA	City & State: Westford, MA
Zip: 01886 Country: USA	Zip: 01886 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 06/22/1987

5. FEI Number: 94-2763235 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Bernadette McNamara

REGISTERED Assistant Secretary

Date: 7/26/2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Archie W. Colburn	1 New Orchard Road	Armonk, NY 10504
D	Jeffrey J. Doyle	1 New Orchard Road	Armonk, NY 10504
D	Mark Goldstein	1 New Orchard Road	Armonk, NY 10504
V/Asst. S	Raymond Amanquah	425 Market Street	San Francisco, CA 94105
V	Robert Ashe	3755 Riverside Dr.	Ottowa, ON K1G 4K9 Canada
T	Robert Del Bene	1 New Orchard Road	Armonk, NY 10504

10. E-mail Address: sgrills@us.ibm.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] ANDREW S. WHITE ASST SECRETARY 7/26/2011 (978) 399-7810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REINSTATEMENT
2010-11