

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91805 018 ***150.00

DOCUMENT # P14929 1. Entity Name COGNOS CORPORATION					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business DE Suite, Apt. #, etc. 15 WAYSIDE ROAD City & State BURLINGTON MA			3. Mailing Address 15 WAYSIDE ROAD Suite, Apt. #, etc. City & State BURLINGTON, MA		
Zip 01803		Country USA		4. FEI Number 94-2763235	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required					
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES TERRY HALL 3755 RIVERSIDE DR OTTAWA, OANTARIO, CANADA	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRES ANTHONY SIRIANNI 15 WAYSIDE ROAD BURLINGTON, MA 01803	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY KEVIN SHONE 15 WAYSIDE ROAD BURLINGTON, MA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER RICHARD GILBODY 15 WAYSIDE ROAD BURLINGTON, MA	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT SEC JOANNE O'BRIEN 15 WAYSIDE ROAD BURLINGTON, MA	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE:		Kevin P. Shone Sr. Corporate Counsel/Secretary		4/30/03 781-229-6600 Daytime Phone #	

CR2E034B (12/02)