
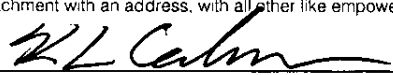


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90016 031 ***150.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P19491 1. Entity Name FILENET CORPORATION | | | |  | |
| Principal Place of Business 3565 HARBOR BLVD. COSTA MESA, CA 92626 | | | Mailing Address 3565 HARBOR BLVD. COSTA MESA, CA 92626 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 95-3757924 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM C/O CT CORPORATION SYSTER 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PEXV ERCANBRACK, RON L 3565 HARBOR BLVD COSTA MESA, CA 92626 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Lorenzo J de la Vega 1 New Orchard Rd., Armonk, NY 10504 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVCF AURIEMMA, SAM 3565 HARBOR BLVD COSTA MESA, CA 92626 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Mohamad Ali 1 New Orchard Rd., Armonk, NY 10504 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, THEODORE J. 3565 HARBOR BLVD COASTA MESA, CA | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Jesse Greene, Jr. 1 New Orchard Rd., Armonk, NY 10504 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COB ROBERTS, LEE 3565 HARBOR BLVD COSTA MESA, CA 92626 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Kenneth Cochran 1 New Orchard Rd., Armonk, Ny 10504 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SAVAGE, JOHN C 7965 HARBOR BLVD COSTA MESA, CA 92626 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Treasurer John Gianukakis 1 New Orchard Rd., Armonk, NY 10504 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP MAYNARD, PHILIP C 3565 HARBOR BLVD COSTA MESA, CA 92626 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Archie W. Colburn 1 New Orchard Rd., Armonk, NY 10504 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | Kenneth Cochran, Secretary | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 1/25 , 2008 Daytime Phone # | | |

40026220



01162008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

FL Zip Code

DATE

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition