

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26083

1. Entity Name
BOOLE & BABBAGE, INC

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90001 025 ***550.00

Principal Place of Business

3131 ZANKER RD
SAN JOSE CA 95134-1933
US

Mailing Address

C/O BMC. SOFTWARE INC.
2101 CITYWEST BLVD
HOUSTON TX 77042
US

2. Principal Place of Business

2101 CityWest Blvd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Houston, Tx

City & State

Zip

77042

Country

USA

Country

4. FEI Number

94-1651571

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WATSON, MAX	
STREET ADDRESS	2101 CITYWEST BLVD	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	VP/S	<input type="checkbox"/> Delete
NAME	MORSE, BRINKLEY M	
STREET ADDRESS	2101 CITYWEST BLVD	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AUSTIN, BILL	
STREET ADDRESS	2101 CITYWEST BLVD	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-00
Date

713-918-8800
Daytime Phone #

CR2E034 (5/00)