SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26472** **(1)**

1. Corporation Name
RATIONAL SOFTWARE CORPORATION

Principal Place of Business	Mailing Address
2800 SAN TOMAS EXPRESSWAY SANTA CLARA CA 9501--951 US	2800 SAN TOMAS EXPRESSWAY SANTA CLARA CA 95051-0951 US

3. Date Incorporated or Qualified: **10/17/1989**
3a. Date of Last Report: **05/19/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **54-1217099** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VP FINANCE & ADMIN	☐ Change ☒ Addition
NAME	ALEXANDER, RALPH		1.2 NAME	TIMOTHY A BRENNAN	
STREET ADDRESS	11861 PLACER SPGS. CT.		1.3 STREET ADDRESS	1441 THUNDERBIRD AVE.	
CITY-ST-ZIP	CUPERTINO CA		1.4 CITY-ST-ZIP	SUNNYVALE CA 94087	
TITLE	V	☐ DELETE	2.1 TITLE	SENIOR VP	☒ Change ☐ Addition
NAME	ZEIGLER, STEPHEN F.		2.2 NAME		
STREET ADDRESS	15460 SW GULL COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	BEAVERTON OR		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEVLIN, MICHAEL T.		3.2 NAME		
STREET ADDRESS	27600 BLACK OAK RIDGE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FOREST HILLS CA		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	LEVY, PAUL D.		4.2 NAME		
STREET ADDRESS	40 PALMER LANE		4.3 STREET ADDRESS	1250 JONES STREET, #1602	
CITY-ST-ZIP	PORTOLA VALLEY CA		4.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94109	
TITLE	V	☐ DELETE	5.1 TITLE	SENIOR VP	☒ Change ☐ Addition
NAME	BOND, ROBERT Y.		5.2 NAME		
STREET ADDRESS	227 MAPACHE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORTOLA VALLEY CA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, JAMES S.		6.2 NAME		
STREET ADDRESS	1349 VIA CORONEL		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALOS VERDES ESTATES CA		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy A Brennan TIMOTHY A. BRENNAN 6/11/96 408-496-3695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #