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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90015 001 ***550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26472

1. Corporation Name

RATIONAL SOFTWARE CORPORATION

Principal Place of Business

18880 HOMESTEAD RD
CUPERTINO CA 95014
US

Mailing Address

18880 HOMESTEAD RD
CUPERTINO CA 95014
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRENNAN, TIMOTHY A	
STREET ADDRESS	1441 THUNDERBIRD AVE	
CITY-ST-ZIP	SUNNYVALE CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DEVLIN, MICHAEL T.	
STREET ADDRESS	27600 BLACK OAK RIDGE	
CITY-ST-ZIP	FOREST HILLS CA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LEVY, PAUL D.	
STREET ADDRESS	1250 JONES ST #1602	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	BOND, ROBERT Y.	
STREET ADDRESS	227 MAPACHE	
CITY-ST-ZIP	PORTOLA VALLEY CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, JAMES S.	
STREET ADDRESS	1349 VIA CORONEL	
CITY-ST-ZIP	PALOS VERDES ESTATES CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Brian J Moore, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	18880 Homestead Rd	
1.3 STREET ADDRESS	Cupertino CA 95014	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (11/98)