

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P29009**

1. Corporation Name

**ASPECT COMMUNICATIONS CORPORATION**

Principal Place of Business

1310 RIDDER PARK DR.  
SAN JOSE CA 95131-2313

Mailing Address

1310 RIDDER PARK DR.  
SAN JOSE CA 95131-2313



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 02**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/23/1990**

5. FEI Number

**94-2974062**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	INFANTE, BEATRIZ V	1310 RIDDER PARK DRIVE	SAN JOSE CA 95131
V	GORJANC, CHRISTINE	1310 RIDDER PARK DRIVE	SAN JOSE CA 95131
<del>V</del>	<del>RAFAEL, BETSY</del>	<del>1310 RIDDER PARK DRIVE</del>	<del>SAN JOSE CA 95131</del>
V	Rod Butters	1310 Ridder Park Drive	San Jose CA 95131
<del>V</del>	<del>MELTZER, MARK</del>	<del>1310 RIDDER PARK DRIVE</del>	<del>SAN JOSE CA 95131</del>
V	John Viera	1310 Ridder Park Drive	San Jose CA 95131
<del>CFO</del>	<del>RAFAEL, BETSY</del>	<del>1310 RIDDER PARK</del>	<del>SAN JOSE CA 95131</del>
CFO	Gary Wetsel	1310 Ridder Park Drive	San Jose CA 945131
<del>V</del>	<del>WHITE, LARRY</del>	<del>1310 RIDDER PARK DRIVE</del>	<del>SAN JOSE CA 95131</del>
V	Gary Barnett	1310 Ridder Park Drive	San Jose CA 95131

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

**000009247460**  
**11/27/02--01107--009 \*\*750.00**

**FL**

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Tina Perrin*

**Tina Perrin**

Special Assistant Secretary

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Christine M. Goyano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/27/02**

**908-325-2200**