FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 MAY -1 AM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30451** **(9)**

1. Corporation Name
QUINTUS CORPORATION

Principal Place of Business	Mailing Address
TAX DEPT.. HQ011 HUNTSVILLE AL 35894-7001	TAX DEPT.. HQ011 HUNTSVILLE AL 35894-7001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1990**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **77-0021612**	☐ 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	

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip **35894-0001** (29) | County (30)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 Section 607.1002 and 607.1005, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
TYPE	P	TYPE	☐ Change ☐ Addition
NAME	PLOTKIN, BARRY	NAME	
STREET ADDRESS	381 EAST EVELYN AVE	STREET ADDRESS	
CITY-ST-ZIP	MOUNTAINVIEW CA 94041	CITY-ST-ZIP	
TYPE	S	TYPE	☐ Change ☐ Addition
NAME	HENNINGTON, B. JUDSON	NAME	
STREET ADDRESS	144 HERITAGE LANE	STREET ADDRESS	
CITY-ST-ZIP	MADISON AL	CITY-ST-ZIP	
TYPE	T	TYPE	☐ Change ☐ Addition
NAME	CHENG, PAUL	NAME	
STREET ADDRESS	381 E EVELYN AVE	STREET ADDRESS	
CITY-ST-ZIP	MOUNTAINVIEW CA 94041	CITY-ST-ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	LASTER, LARRY, J	NAME	
STREET ADDRESS	211 CHESWICK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MADISON AL 35758	CITY-ST-ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	THORINGTON, JOHN	NAME	
STREET ADDRESS	2600 TRAILWAY RD.	STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	CITY-ST-ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	ROMINE, MAURICE	NAME	
STREET ADDRESS	116 MICHI ROAD.	STREET ADDRESS	
CITY-ST-ZIP	MADISON AL 35738	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 4/28/95 (205) 730-2847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0487445 FN