FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

QUINTUS CORPORATION

Principal Place of Business	Mailing Address
~~TAX DEPT., H0011~~ ~~HUNTSVILLE, AL 35894-7001~~ 47212 Mission Falls Crt. Fremont, CA 94539	TAX DEPT., [redacted] [redacted]-7601 → SAME

2. Principal Place of Business		2a. Mailing Address	
21	47212 Mission Falls Court	26	TAX DEPT, 47212 Mission Falls
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Fremont	28	Fremont
Zip / Country	24 94539 / 25 USA	Zip / Country	29 94539 / 30 USA

3. Date Incorporated or Qualified: 08/06/1990
3a. Date of Last Report: 05/01/1995
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 POSSIBLY

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE _____
Signature, typed or printed name of registered agent and the date of this change (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	PLOTKIN, BARRY		1.2 NAME	ALAN ANDERSON	
STREET ADDRESS	381 EAST EVELYN AVE		1.3 STREET ADDRESS	2185 RIDGEPOINT COURT	
CITY-ST-ZIP	MOUNTAINVIEW CA 94041		1.4 CITY-ST-ZIP	WALNUT CREEK, CA 94596	
TITLE	S	☒ DELETE	2.1 TITLE	ASST SECRETARY	☑ Change ☐ Addition
NAME	HENNINGTON, B. JUDSON		2.2 NAME	MICHAEL BEDARD	
STREET ADDRESS	144 HERITAGE LANE		2.3 STREET ADDRESS	768-7 LAKEMONT PLACE	
CITY-ST-ZIP	MADISON AL		2.4 CITY-ST-ZIP	SAN RAMON, CA 94583	
TITLE	T	☒ DELETE	3.1 TITLE	VP SALES	☐ Change ☑ Addition
NAME	CHENG, PAUL		3.2 NAME	BEVERLY POWELL	
STREET ADDRESS	381 E EVELYN AVE		3.3 STREET ADDRESS	20360 SARATOGA - LOS GATOS	
CITY-ST-ZIP	MOUNTAINVIEW CA 94041		3.4 CITY-ST-ZIP	SARATOGA, CA 95070	
TITLE	D	☒ DELETE	4.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	LASTER, LARRY, J		4.2 NAME	PAUL BARTLETT	
STREET ADDRESS	211 CHESWICK DRIVE		4.3 STREET ADDRESS	281 STANFORD AVE	
CITY-ST-ZIP	MADISON AL 35758		4.4 CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	THORINGTON, JOHN		5.2 NAME	KEITH GEESLIN	
STREET ADDRESS	2600 TRAILWAY RD.		5.3 STREET ADDRESS	2314 LEAVENSWORTH ST	
CITY-ST-ZIP	HUNTSVILLE AL		5.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94133	
TITLE	D	☒ DELETE	6.1 TITLE	[redacted] DIRECTOR	☑ Change ☐ Addition
NAME	ROMINE, MAURICE		6.2 NAME	WILL HERMAN	
STREET ADDRESS	116 MICHI ROAD.		6.3 STREET ADDRESS	157 MAYNARD FARM RD	
CITY-ST-ZIP	MADISON AL 35738		6.4 CITY-ST-ZIP	SUDBURY, MA 01776	

CR2E034 (12/95)

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)(k), 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.

SIGNATURE: Michael Bedard MICHAEL BEDARD 4/29/96 (510)624-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #