SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED** Sep 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # CONSILIUM, INC. Principal Place of Business Mailing Address 485 CLYDE AVENUE 485 CLYDE AVENUE MOUNTAIN VIEW CA 94043 MOUNTAI VIEW CA 94043 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/19/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 94-2523965 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country Personal Property Tax due June 30. 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** 83 TALLAHASSEE FL 32301 84 City Zip Code 85 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 than accept the obligations of, section 607.0505, Florida Statutes. CLIFTON SIGNATURE. nd title if applicable (NOTE: Register OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. CDS 1.1 TITLE Change Addition TITLE DELETE GOLOVIN, JONATHAN L. NAME 1.2 NAME 640 CLYDE COURT 485 CLYDE AVE 1.3 STREET ADDRESS STREET ADDRESS MOUNTAIN VIEW CA CITY-ST-ZIP 1.4 CITY-ST-ZIP P/D Change Addition 2.1 TITLE TITLE L\_ DELETE TOMASETTI, THOMAS NAME 2 2 NAME HOOTNICK, LAURENCE 485 CLYDE AVE STREET ADDRESS 2.3 STREET ADDRESS 485 CLYDE AVE MOUNTAIN VIEW CA 94043 CITY-ST-ZIP 2.4 CITY-ST-ZIP MOUNTAIN VIEW CHIEF ADMINISTRATIVE TITL€ 3.1 TITLE DELETE KAPLAN, FRANK 3.2 NAME FIELD, MICHAEL J. NAME 485 CLYDE AVE STREET ADDRESS 3.3 STREET ADDRESS 485 CLYDE AVE. MOUNTAIN VIEW CA CA 94043 3.4 CITY-ST-ZIP MOUNTAIN VIEW CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition FREDERICK NAME FINK, ROBERT 4.2 NAME O' BUCH 485 CLYDE AVE 485 CLYDE AVE. STREET ADDRESS 4.3 STREET ADDRESS MOUNTAIN VIEW CA 4.4 CITY-ST-ZIP MOUNTAIN VIEW CITY-ST-ZIP 9404 TITLE VPCF 5.1 TITLE DELETE Addition WONG, CLIFTON 5.2 NAME NAME 485 CLYDE AVENUE STREET ADDRESS 5.3 STREET ADDRESS MOUNTAIN VIEW CA CITY-ST-ZiP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition HORNE, ROBERT NAME 6.2 NAME

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 certify 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

485 CLYDE AVE

**MOUNTAIN VIEW CA** 

STREET ADDRESS

CITY-ST-ZIP

9/17/98

CR2E034 (5/98)