

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 17 1997 8:00am  
Secretary of State

|                                                       |                                                                                                                                                                                                |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # P33991  
1. Corporation Name

INFORMIX SOFTWARE, INC.

Principal Place of Business

Mailing Address

Attn: Paul Korn  
4100 Bohannon Drive  
Menlo Park, CA 94025

3. Date Incorporated or Qualified  
05/14/1991

3a. Date of Last Report  
02/08/1996

4. FEI Number

36-3113919

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 | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T Corporation System  
1200 South 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | See Attached Schedule           | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I do 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.

SIGNATURE: Margaret R. Brauns

4-3-97

(415) 926-6519

CR2E034 (9/96)

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4-17-97

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-04/18/97--01017--024  
\*\*\*165.00

Pg. 2 of 2.

INFORMIX SOFTWARE, INC  
OFFICERS & DIRECTORS

| NAME                   | SOCIAL SECURITY<br>NUMBER | OFFICERS & DIRS      | BUSINESS ADDRESS                                       |
|------------------------|---------------------------|----------------------|--------------------------------------------------------|
| ALAN S. HENRICKS       | 323-40-0617               | EVP, CFO             | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| ALBERT F KNORP, Jr.    | 572-48-2371               | ASST. SEC.           | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| ANTHONY DECICCO        | 138-48-7780               | VP                   | 270 DAVIDSON AVENUE, SOMERSET, NJ 08873                |
| BRUCE GOLDEN           | 327-58-6051               | GEN. MGR             | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| DAVID H STANLEY        | 157-36-8816               | VP, GEN CNSL & SEC   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| EDWIN C WINDER         | 437-76-5261               | SVP                  | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| ELIZABETH E HOYT       | 005-44-3821               | ASST. SEC.           | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| ELIZABETH HART         | 430-02-0185               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| ERIC MILES             | 307-52-3160               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| GLORIA SCHWARTZ        | 347-48-2772               | RVP                  | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| GREG A TANNER          | 115-54-0650               | ASST. SEC.           | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| IRA H DORF             | 059-32-1422               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| J F HENDRICKSON, JR    | 463-64-6659               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| JEFFREY V. HUDSON      | 547-74-7821               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| JOHN WOLFE             | 264-27-7002               | ASST. SEC.           | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| K DAVID COULTER        | N/A                       | SVP                  | LITTLETON, RD, ASHFORD, MIDDLESEX, ENG, TW15 1TZ       |
| KAREN BLASING          | 516-62-4456               | CONTROLLER           | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| KATHLEEN GOGAN         | 371-74-1882               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| LEONARD PALOMINO       | 565-31-8978               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| MARGARET R BRAUNS      | 266-19-3438               | TREAS & VP           | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| MARTIN W. BRAUNS       | 569-33-1854               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| MICHAEL R. STONEBRAKER | 006-42-7591               | VP, CTO              | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| MYRON SARANGA          | 024-28-4304               | SVP                  | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| NORIO MURAKAMI         | N/A                       | VP                   | 12-32, AKASAKA 1-CHOME, MINATO-KU, TOKYO 107, JAPAN    |
| PAULA HAWTHORNE        | 456-68-8458               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| PHILLIP E WHITE        | 345-36-5905               | PRES & CEO, CHR, DIR | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| RONALD M. ALVAREZ      | 554-70-5471               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| STEPHEN E HILL         | 027-50-0266               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| STEVEN R SOMMER        | 087-36-9948               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| TIM SHETLER            | 505-76-8509               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| TOM HOLT               | 527-79-9313               | VP                   | 4100 BOHANNON DRIVE, MENLO PARK, CA 94025              |
| WALTER KOENIGSEDER     | N/A                       | RVP                  | OSKAR MESSTER STR 25 D-85737 ISMANING, MUNICH, GERMANY |
| WILLIAM R HUGHES       | 132-54-9621               | ASST. SEC.           | LITTLETON, RD, ASHFORD, MIDDLESEX, ENG, TW15 1TZ       |