

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91082 012 ***550.00

061119

DOCUMENT # P96000008350

1. Entity Name

BUSINESS OBJECT DESIGN, INC.

Principal Place of Business

**3113 MOHAVE WAY
 JACKSONVILLE FL 32259
 US**

Mailing Address

**PMB 331-445 STATE ROAD 13 NORTH #26
 JACKSONVILLE FL 32259-3838
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3359071**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINGONBLAD, ULF S
 445 STATE ROAD 13N
 SUITE 26-331
 JACKSONVILLE FL 32259-6383**

Name

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

#331, 445 State Road 13N, #26

City

FL

Zip Code

32259-3838

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **RIDGDILL, PHILLIP B**
 STREET ADDRESS **720 OPOSSUM LN**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LINGONBLAD, LAURA L**
 STREET ADDRESS **3113 MOHAVE WAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **LINGONBLAD, ULE S**
 STREET ADDRESS **3113 MAHAVE WAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ulf S. Lingonblad, Ulf S. Lingonblad

4/27/01

904 614 1991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)