

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077444

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PEREGRINE SYSTEMS INTERNATIONAL, INC.

**Current Principal Place of Business:**

115 WEST GORE STREET  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

115 WEST GORE STREET  
ORLANDO, FL 32806 US

**New Mailing Address:**

FEI Number: 59-3461992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOEKE, CAROL  
115 WEST GORE STREET  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOEKE, M C  
Address: 115 WEST GORE STREET  
City-St-Zip: ORLANDO, FL 32806

Title: CFO ( ) Delete  
Name: HAYES, RICHARD  
Address: 115 WEST GORE STRET  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M CAROL HOEKE

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date