

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005592

Entity Name: SABA SOFTWARE, INC.**Current Principal Place of Business:**4120 DUBLIN BOULEVARD
SUITE 200
DUBLIN, CA 94568**Current Mailing Address:**4120 DUBLIN BOULEVARD
SUITE 200
DUBLIN, CA 94568 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	SAUNDERS, PHILIP
Address	4120 DUBLIN BOULEVARD SUITE 200
City-State-Zip:	DUBLIN CA 94568

Title	PRESIDENT
Name	SAUNDERS, PHILIP
Address	4120 DUBLIN BOULEVARD SUITE 200
City-State-Zip:	DUBLIN CA 94568

Title	TREASURER
Name	LOWE, PETE
Address	4120 DUBLIN BOULEVARD SUITE 200
City-State-Zip:	DUBLIN CA 94568

Title	DIRECTOR
Name	GRAHAM, ERIC
Address	4120 DUBLIN BOULEVARD SUITE 200
City-State-Zip:	DUBLIN CA 94568

Title	DIRECTOR
Name	LAUGHTON, SHANNA
Address	4120 DUBLIN BOULEVARD SUITE 200
City-State-Zip:	DUBLIN CA 94568

Title	DIRECTOR
Name	STEWART, MICHAEL
Address	4120 DUBLIN BOULEVARD SUITE 200
City-State-Zip:	DUBLIN CA 94568

Title	DIRECTOR
Name	QURESHI, PERVEZ
Address	4120 DUBLIN BOULEVARD SUITE 200
City-State-Zip:	DUBLIN CA 94568

I hereby 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 all other like empowered.

SIGNATURE: PETE LOWE**TREASURER****04/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date