
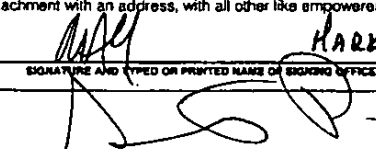
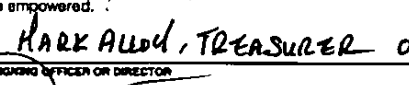


**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90270 043 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F01000003549</b> 1. Entity Name <b>OPENWAVE SYSTEMS INC.</b>			
Principal Place of Business <b>1400 SEAPORT BOULEVARD          REDWOOD CITY, CA 94063</b>		Mailing Address <b>1400 SEAPORT BOULEVARD          REDWOOD CITY, CA 94063</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b> <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>		<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City: _____ <b>FL</b> Zip Code: _____	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg. Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD NAME <b>LISTWIN, DONALD J</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1400 SEAPORT BLVD</b> CITY-ST-ZIP <b>REDWOOD CITY, CA 94063</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>DONALD J. LISTWIN</b> STREET ADDRESS <b>1400 SEAPORT BLVD.</b> CITY-ST-ZIP <b>REDWOOD CITY CA 94063</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>CFO</b> STREET ADDRESS <b>JOSH PACE</b> CITY-ST-ZIP <b>1400 SEAPORT BLVD. REDWOOD CITY CA 94063</b>
TITLE D NAME <b>KENNEDY, KEVIN</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1400 SEAPORT BLVD</b> CITY-ST-ZIP <b>REDWOOD CITY, CA 94063</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>LVP/IS</b> STREET ADDRESS <b>STEVE PETERS</b> CITY-ST-ZIP <b>1400 SEAPORT BLVD. REDWOOD CITY CA 94063</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VCAO NAME <b>PACE, JOSH</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1400 SEAPORT BOULEVARD</b> CITY-ST-ZIP <b>REDWOOD CITY, CA 94063</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VS NAME <b>PETERS, STEVE</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1400 SEAPORT BOULEVARD</b> CITY-ST-ZIP <b>REDWOOD CITY, CA 94063</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME <b>PUCKETT, BERNARD</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1400 SEAPORT BOULEVARD</b> CITY-ST-ZIP <b>REDWOOD CITY, CA 94063</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME <b>COVERT, HAROLD L JR.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1400 SEAPORT BLVD</b> CITY-ST-ZIP <b>REDWOOD CITY, CA 94063</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		SIGNATURE: 	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	
Steve Peters, Secretary		Mark Alford, Treasurer 01-26-05 (650)480-8000	
Date: 04-04-05		Date:	

**ATTACHMENT**

**OPENWAVE SYSTEMS, INC. CORP. EIN#: 94-3219054**

**1400 Seaport Boulevard  
Redwood City, California 94063**

66009092  
# Fb1000003549

<b>Title</b>	<b>Name</b>
P/C/D	David Peterschmidt
T	Mark Alloy
EVP	Allen Snyder
SVP	Simon Wilkinson
Director	Ken Denman
Director	David Peterschmidt
Director	Masood Jabbar
Director	Bo Hedfors

**ALL THE OFFICERS AND DIRECTORS ARE AT THE ABOVE ADDRESS**