

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 JUN 18 PM 1:05

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000001350

1. Corporation Name

SAGENT TECHNOLOGY, INC.

2. Principal Office Address

800 W. EL CAMINO REAL

Suite, Apt. #, etc.

SUITE 300

City & State

MOUNTAIN VIEW, CA

Zip

94040

Country

USA

3. Mailing Office Address

800 W. EL CAMINO REAL

Suite, Apt. #, etc.

SUITE 300

City & State

MOUNTAIN VIEW, CA

Zip

94040

Country

USA

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

9/4/1998

5. FEI Number

94-3225290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Naseem A. Conde

NASEEM A. CONDE

6.14.01

REGISTERED AGENT MUST SIGN

SPECIAL ASST. SECRETARY

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	- SEE ATTACHED		

300006071788-3
-06/27/02-01056-015
***908.75 ***908.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stevan R. Springs Steel, Inc.

6/12/02

Date

650-815-3100

Daytime Phone #

CR2E081 (9/01)

**Sagent Technology Inc.
List of Officers & Directors
Year 2002**

Name	Title	Address
Ben C. Barnes	President, Chief Executive Officer and Director	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
Steven R. Springsteel	Vice President and Chief Financial Officer (Principal Financial and Accounting Officer)	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
Richard Ghioffi	Senior Vice President and Chief Marketing Officer	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
Arthur Parker	President/General Manager-Europe, Middle East & Africa	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
Larry Scroggins	Senior Vice President and Business Development	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
John Maxwell	Senior Vice President of Sales - Asia Pacific	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
Andre Boisevert	Chairman and Director	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
Ali Jenab	Director	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
Irv H. Lichtenwald	Director	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
Keith A. Maib	Director	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040
John E. Zicker	Director	800 W. El Camino Real, 3rd Floor, Mountain View, CA 94040

CT CORPORATION

CORPORATION(S) NAME

Sagent Technology, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
 02 JUN 18 PM 12:20
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

6/18/02

Order#: 5422933

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615