

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P26472 (1)**  
1. Corporation Name  
**RATIONAL SOFTWARE CORPORATION**



Principal Place of Business: **2800 SAN TOMAS EXPRESSWAY SANTA CLARA CA 9501-951 US**  
Mailing Address: **2800 SAN TOMAS EXPRESSWAY SANTA CLARA CA 95051-0951 US**

3. Date Incorporated or Qualified: **10/17/1989**  
3a. Date of Last Report: **05/19/1995**  
4. FEI Number: **54-1217099**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, RALPH	
STREET ADDRESS	11861 PLACER SPGS. CT.	
CITY-ST-ZIP	CUPERTINO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZEIGLER, STEPHEN F.	
STREET ADDRESS	15460 SW GULL COURT	
CITY-ST-ZIP	BEAVERTON OR	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DEVLIN, MICHAEL T.	
STREET ADDRESS	27600 BLACK OAK RIDGE	
CITY-ST-ZIP	FOREST HILLS CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVY, PAUL D.	
STREET ADDRESS	40 PALMER LANE	
CITY-ST-ZIP	PORTOLA VALLEY CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOND, ROBERT Y.	
STREET ADDRESS	227 MAPACHE	
CITY-ST-ZIP	PORTOLA VALLEY CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JAMES S.	
STREET ADDRESS	1349 VIA CORONEL	
CITY-ST-ZIP	PALOS VERDES ESTATES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP FINANCE & ADMIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIMOTHY A BRENNAN	
1.3 STREET ADDRESS	1441 THUNDERBIRD AVE.	
1.4 CITY-ST-ZIP	SUNNYVALE CA 94087	
2.1 TITLE	SENIOR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1250 JONES STREET, #1602	
4.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94109	
5.1 TITLE	SENIOR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy A. Brennan* **TIMOTHY A. BRENNAN** 6/11/96 408-446-3695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)