

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90006 030 \*\*\*550.00

UTC 1997

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P33991**  
 1. Corporation Name  
**INFORMIX SOFTWARE, INC.**



Principal Place of Business Mailing Address

LLOYD, GARY  
 4100 BOHANNON DR  
 MENLO PARK CA 94025  
 US

LLOYD, GARY  
 4100 BOHANNON DR  
 MENLO PARK CA 94025  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
**05/14/1991**

4. FEI Number  
**36-3113919**

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 owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPC	<input type="checkbox"/> DELETE
NAME	LLOYD, GARY	
STREET ADDRESS	4100 BOHANNON DRIVE	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	PCCE	<input type="checkbox"/> DELETE
NAME	FINOCCHIO, ROBERT J JR	
STREET ADDRESS	4100 BOHANNON DRIVE	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	DEXMIE, JEAN-YVES	
STREET ADDRESS	4100 BOHANNON DRIVE	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ENGLE, JAMES F	
STREET ADDRESS	4100 BOHANNON DR	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	VPPM	<input type="checkbox"/> DELETE
NAME	SARANGA, MYRON	
STREET ADDRESS	4100 BOHANNON DRIVE	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President, CEO and Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jean-Yves F. Dexamier
2.3 STREET ADDRESS	4100 Bohannon Drive
2.4 CITY-ST-ZIP	Menlo Park, CA 94025
3.1 TITLE	Exec. VP, and CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Howard A. Bain, III
3.3 STREET ADDRESS	4100 Bohannon Drive
3.4 CITY-ST-ZIP	Menlo Park CA 94025
4.1 TITLE	VP and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William O'Kelly
4.3 STREET ADDRESS	4100 Bohannon Drive
4.4 CITY-ST-ZIP	Menlo Park, CA 94025
5.1 TITLE	VP and GM, Datawarehouse <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Charlie W. Chang
5.3 STREET ADDRESS	4100 Bohannon Drive
5.4 CITY-ST-ZIP	Menlo Park, CA 94025
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 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary Lloyd* Gary Lloyd, VP and Secretary 8/12/99 650-493-6100  
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)