

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222,3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>200</u>7

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation falling or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1.2-1501(c&d)) is s	subject to a penalty fe	e of \$25.00.			
1. Corporate ID No.	2. Name of Corporation				Ì
159605	Saber Sof	tware, Inc.			
3. Street Address Principal Business Off			City Developed	State OR	<sup>Zip</sup> 97201
1800 SW First	Ave. Suite	350	Portland	OK .	
4. Business Phone No.		5. State of Incorporation			6
503-228-0775 IL					
6. Brief Description of the Character of	Business Conducted in Rh	ode Island			
IT Computer Co	onsulting/s	ervices		A DWY ORD FIGURE AND	CHAIRNING
7. NAMES AND ADDRESSES C	OF THE OFFICERS:	("X" BOX FOR ATTAC		S BEFORE USING ATTA	CHMEN 15
President Name			Vice President Name		
Karan Khanna			None		
Street Address			Street Address		
1800 SW First		350		State	Zip
Portland	State OR	<sup>Zψ</sup> 97201	City	Sune	, -
		1	Treasurer Name	1,	4
Secretary Name					
Jay Zollinger			Karan Khanna Street Address		
1800 SW First Ave. Suite 350			1800 SW First Ave. Suite 350		
	State	ZΨ	: City	State	Zib
Portland	OR	97201	Portland	OR	<sup>Zip</sup> 97201
8. NAMES AND ADDRESSES (	OF THE DIRECTORS	 	: ACHMENT) □ FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
			Director Name		
Rob Palumbo			Ben Bisconti		
Street Address			Street Address		
2500 Sand Hill Road Suite 100			2500 Sand Hill Road Suite 100		
City	State	<sup>Zip</sup> 94025	Ciţy	State	Zip
Menlo Park	CA	94025	Menlo Park	CA	94025
Director Name			Director Name		
Tom Barnds			Jason Klein		
Street Address			Street Address		
2500 Sand Hill Road Suite 100			2500 Sand Hill Road Suite 100		
Menlo Park	CA CA	<sup>Zip</sup> 94025	Menlo Park	State CA	<sup>Zip</sup> 94025
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 Common NPV			1,000	Common	NPV
This report must be executed a	on behalf of the corp	oration by an authorize	d representative. If the corpora	ation is in the hands of	a receiver or trustee,

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED	
Check No.	OCT 0 1 2007	
Rve	By 038281	9:40
<u> </u>	FOR SECRETARY OF STATE USE ONL	Y

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. <del>9-04-07</del> Date

Zollinger Jáy

Print or Type Name

Corporate Secretary

Form 630 Rev. 12/06



1800 SW FIRST AVE.. STE.350 PORTLAND. OREGON 97201 PHONE: 503.228.0775 FAX: 503.228.0766 WWW.SABERCORP.COM

September 4, 2007

Saber Software, Inc.

Corporate ID#: 36-4172737

## Additional Officers:

Name: Nitin Khanna Title: Chairman and CEO

Address: 1800 SW First Ave. Suite 350 Portland, OR 97201

Name: Sharon Keefe

Title: CFO

Address: 1800 SW First Ave. Suite 350 Portland, OR 97201