RI SOS Filing Number: 202036746280 Date: 3/24/2020 2:25:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

SECRETALLY CORPORATIONS D. .

2020 MAR 24 PH 2: 22

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number	2. Exact name of the Corporation						
000068221	CONCUR	CONCURRENT COMPUTER CORPORATION					
Principal Office Address			City		State	Zip	
6470 EAST JOHNS CROSSING SUITE 490			DULUTH		GA	30097	
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted in Rhode Island					
335900	INACTIVE						
5. State of Incorporation							
DELAWARE							
7. List ALL officers (names and a	addresses)			Check	the box to indic	cate an attachment 🔲	
President Name WAYNE BARR	Vice-President Name						
Street Address 6470 EAST JOHN	Street Address						
City DULUTH	State GA	Zip 30097	City		State	Zıp	
Secretary Name HEATHER ASHER			Treasurer Name WARREN SUTHERLAND				
Street Address 6470 EAST JOHNS CROSSING SUITE 490			Street Address 6470 EAST JOHNS CROSSING SUITE 490				
City DULUTH	State GA	Zip 30097	City DULUTH		State GA	Zip 30097	
8. List ALL directors (names and	l addresses)			Check	the box to indic	cate an attachment	
Director Name WAYNE BARR JI	R		Director Name	STEVEN SINGER			
Street Address 6470 EAST JOHNS CROSSING SUITE 490				Street Address 6470 EAST JOHNS CROSSING SUITE 490			
City DULUTH	State GA	Zip 30097	City DULUTH		State GA	^{Zip} 30097	
Oirector Name DAVID NICOL			Director Name	Director Name			
Street Address 6470 EAST JOHNS CROSSING SUITE 490			Street Address				
City DULUTH	State GA	Z ₁ p 30097	City		State	Zip	
Shares Authorized 10. Shares		10. Shares Iss					
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES			
Changes require an additional filing.		8,756,156		COMMON	0.01		
11. This report must be executed					ration is in the	hands of a receiver or	
trustee, this report must be executed Under penalty of perjury, I dec					panving sche	dules and	
statements, and that all states	nents contained	<u>herein are true ar</u>	nd correct.				
Name of Authorized Representa	ti ve				Date	1	
WARREN SUTHERLAND				FILED	3)16	140	
Signature of Authorized Represe	entative	_ SIGN DO	CUMENT HERE		_		
				MAR 2.4 2021	1		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov 37 78 52 P 3:35 FORM 630 - Revised: 10/2017