

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.		• •					
1. Entity ID Number 000068221		2. Exact name of the Corporation  CONCURRENT COMPUTER CORPORATION					
3. 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	INACTIVE					
5. State of Incorporation	_						
DELAWARE							
7. List ALL officers (names and	d addresses)			Check t	he box to in	idicate an attachment	
President Name WAYNE BARR	Vice-President Name						
Street Address 6470 EAST JOH	Street Address						
<sup>Crty</sup> DULUTH	State GA	<sup>Zıp</sup> 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	Zıp 30097	City DULUTH		State GA	<sup>Zip</sup> 30097	
8. List ALL directors (names ar	nd addresses)		1=-		he box to in	ndicate an attachment 🗖	
Director Name WAYNE BARR JR			Director Name STEVEN SINGER				
Street Address 6470 EAST JOHNS CROSSING SUITE 490			Street Address 6470 EAST JOHNS CROSSING SUITE 490				
City DULUTH	State GA	Zıp <b>30097</b>	City DULUTH		State GA	<sup>Zip</sup> 30097	
Director Name DAVID NICOL			Director Name				
Street Address 6470 EAST JOHNS CROSSING SUITE 490			Street Address				
City DULUTH	State GA	Z <sub>1</sub> p 30097	City		State	Zip	
			es Issued Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF	SMARES	COMMON		PAR VALUE	
Changes require an additional filing.		8,756,156 		COMMON		0.01	
onunges require an accitionar in	·······y.						
11. This report must be execut trustee, this report must be exe	ed on behalf of the ecuted on behalf of i	corporation by an a	authorized repres the receiver or tr	sentative. If the corpor ustee.	ation is in t	he hands of a receiver or	
Under penalty of perjury, I d	eclare and affirm ti	nat I have examin	ed this report, ii		panying so	hedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
						16/20	
Signature of Authorized Repre	sentative	0.0	OURSELT (1555	<del></del>		· · · · · · · · · · · · · · · · · · ·	
N		SIGN DO	CUMENT HERE	MAR 2 4 2020			
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov 134 78 52 P 3:35 FORM 630 - Revised: 10/2017