

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sarah B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN - 1 AM 9:04

DOCUMENT # **F93000000433 (3)**

1. Corporation Name  
**225 MERCHANDISING V. INC.**

Principal Place of Business      Mailing Address  
**THREE LIMITED PARKWAY      THREE LIMITED PARKWAY**  
**COLUMBUS OH 43230              COLUMBUS OH 43230**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/28/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>31-1286163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_  
(Signature field to be printed name of registered agent and title of office held)      (Print Name of Registered Agent; signature required where necessary)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GILMAN, KENNETH B	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 LIMITED PARKWAY	1.2 NAME	
STREET ADDRESS	COLUMBUS OH	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	V GERBER, WILLIAM K	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 LIMITED PARKWAY	2.2 NAME	
STREET ADDRESS	COLUMBUS OH	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	VSD LYONS, TIMOTHY B	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 LIMITED PARKWAY	3.2 NAME	
STREET ADDRESS	COLUMBUS OH	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	T HECTORNE, PATRICK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 LIMITED PARKWAY	4.2 NAME	
STREET ADDRESS	COLUMBUS OH	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Kenneth B. Gilman** 5/24/95 614-479-2518  
(Signature and typed or printed name of signing officer or director)      Date      Telephone Number

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sarah B. Worthington  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001636 (0)**

1. Corporation Name  
**WIND RIVER SYSTEMS, INC.**

Principal Place of Business      Mailing Address  
**1010 ATLANTIC AVENUE**      **1010 ATLANTIC AVENUE**  
**ALAMEDA CA 94501**      **ALAMEDA CA 94501**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/02/1993**      **04/18/1994**

4. FEI Number      Applied For  
**94-2873391**       Not Applicable

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 § 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt #, etc      Suite, Apt #, etc  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL      B5 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 \_\_\_\_\_  
Signature types or printed names of registered agent and their agencies      (NOTE: Registered Agent signature required when registering)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ABELMANN, RONALD A
STREET ADDRESS	1010 ATLANTIC AVE
CITY - ST - ZIP	ALAMEDA CA
TITLE	D
NAME	HUMMER, JOHN
STREET ADDRESS	1010 ATLANTIC AVE
CITY - ST - ZIP	ALAMEDA CA
TITLE	VSD
NAME	WILNER, DAVID N
STREET ADDRESS	1010 ATLANTIC AVE
CITY - ST - ZIP	ALAMEDA CA 94501
TITLE	+
NAME	WILDE, DALE S
STREET ADDRESS	1010 ATLANTIC AVE
CITY - ST - ZIP	ALAMEDA CA 94501
TITLE	CD
NAME	FIDDLER, JERRY L
STREET ADDRESS	1010 ATLANTIC AVE
CITY - ST - ZIP	ALAMEDA CA 94501
TITLE	D
NAME	ELMORE, WILLIAM B
STREET ADDRESS	4 ORINDA WAY, BLDG. D., #158
CITY - ST - ZIP	ORINDA CA 94563

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D PRATT, DAVID
2.3 STREET ADDRESS	1010 ATLANTIC AVE
2.4 CITY - ST - ZIP	ALAMEDA CA
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	T GIRATA, JOSEPH
4.3 STREET ADDRESS	1010 ATLANTIC AVENUE
4.4 CITY - ST - ZIP	ALAMEDA, CA 94501
5.1 TITLE	<input 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 110.07(3)(b), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F93 - 1636

Wind River Systems, Inc.  
94-2873391

**Additional Officers**

Line 12 Continued

Title           V  
Name           Wheaton, Robert  
Address        1010 Atlantic Avenue  
City/St/Zip    Alameda, CA 94501

Title           V  
Name           Fraser, David  
Address        1010 Atlantic Avenue  
City/St/Zip    Alameda, CA 94501