

State of California
Secretary of State



E-728773

FILED

In the office of the Secretary of
State of the State of California

Mar - 26 2009

This Space For Filing Use Only

STATEMENT OF INFORMATION
(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.) C1819960 ILOG, INC.				S
DUE DATE:				
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)				
2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE		CITY	STATE	ZIP CODE
1195 W FREMONT AVE. SUNNYVALE		CA		94087
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY		CITY	STATE	ZIP CODE
1195 W FREMONT AVE. SUNNYVALE		CA		94087
4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2		CITY	STATE	ZIP CODE
NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)				
5. CHIEF EXECUTIVE OFFICER/		ADDRESS	CITY	STATE ZIP CODE
BETH SMITH		1 NEW ORCHARD RD. ARMONK, NY	10504	
6. SECRETARY/		ADDRESS	CITY	STATE ZIP CODE
CHRISTOPHER HERBST		4205 S MIAMI BLVD. BUILDING 500 RTP, NC	27709	
7. CHIEF FINANCIAL OFFICER/		ADDRESS	CITY	STATE ZIP CODE
MARTIN SCHROETER		1 NEW ORCHARD RD. ARMONK NY	10504	
NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)				
8. NAME		ADDRESS	CITY	STATE ZIP CODE
ARCHIE COLBURN		1 NEW ORCHARD RD. ARMONK, NY	10504	
9. NAME		ADDRESS	CITY	STATE ZIP CODE
DAVE L. JOHNSON		1 NEW ORCHARD RD. ARMONK, NY	10504	
10. NAME		ADDRESS	CITY	STATE ZIP CODE
MARK GOLDSTEIN		1 NEW ORCHARD RD. ARMONK, NY	10504	
11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTIONS, IF ANY:				
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O.Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)				
12. NAME OF AGENT FOR SERVICE OF PROCESS C T CORPORATION SYSTEM				
13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL		CITY	STATE	ZIP CODE
TYPE OF BUSINESS				
14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION SOFTWARE SALES AND CONSULTING				
15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.				
03/26/2009		EDWARD C. MULLEN		ACCOUNTANT
DATE		TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM		SIGNATURE
SI-200 C (REV 01/2008)		APPROVED BY SECRETARY OF STATE		