

1.) CORPORATION NAME:

Callidus Software Inc.

DUE DATE: **12/30/2010**

SCC ID NO: **F1572231**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6200 STONERIDGE MALL ROAD,
STE 500

CITY/ST/ZIP: PLEASANTON, CA 94588-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LESLIE STRETCH	
TITLE:	CEO	
ADDRESS:	160 W SANTA CLARA ST STE 1500	
CITY/ST/ZIP/CO:	SAN JOSE, CA 95113-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RON FIOR	
TITLE:	SVP/CFO	
ADDRESS:	160 W SANTA CLARA ST STE 1500	
CITY/ST/ZIP/CO:	SAN JOSE, CA 95113-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM B BINCH	
TITLE:	DIRECTOR	
ADDRESS:	160 W SANTA CLARA ST SUITE 1500	
CITY/ST/ZIP/CO:	SAN JOSE, CA 95113-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE B JAMES	
TITLE:	DIRECTOR	
ADDRESS:	160 W SANTA CLARA ST STE 1500	
CITY/ST/ZIP/CO:	SAN JOSE, CA 95113-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID B PRATT	
TITLE:	DIRECTOR	
ADDRESS:	160 W SANTA CLARA ST STE 1500	
CITY/ST/ZIP/CO:	SAN JOSE, CA 95113-	

NAME: CHARLES BOESENBERG TITLE: DIRECTOR ADDRESS: 6200 STONERIDGE MALL ROAD SUITE 500 CITY/ST/ZIP/CO: PLEASANTON, CA 94588-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK CULHANE TITLE: DIRECTOR ADDRESS: 6200 STONERIDGE MALL ROAD SUITE 500 CITY/ST/ZIP/CO: PLEASANTON, CA 94588-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHELE VION TITLE: DIRECTOR ADDRESS: 6200 STONERIDGE MALL ROAD SUITE 500 CITY/ST/ZIP/CO: PLEASANTON, CA 94588-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: V. HOLLY ALBERT TITLE: SVP, Secretary ADDRESS: 6200 STONERIDGE MALL ROAD SUITE 500 CITY/ST/ZIP/CO: PLEASANTON, CA 94588-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ V. HOLLY ALBERT	V. HOLLY ALBERT, SVP, Secretary	12/27/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		