

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000910

FILED
May 08, 2008
Secretary of State

Entity Name: EXACT SOFTWARE NORTH AMERICA, LLC

Current Principal Place of Business:

300 BRICKSTONE SQ 10TH FLOOR
ANDOVER, MA 01810

New Principal Place of Business:

Current Mailing Address:

300 BRICKSTONE SQ 10TH FLOOR
ANDOVER, MA 01810

New Mailing Address:

FEI Number: 31-0809288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KENT, JAMES P JR
Address: 300 BRICKSTONE SQ 10TH FLOOR
City-St-Zip: ANDOVER, MA 01810

Title: MGR () Delete
Name: MALONEY, BETH A
Address: 300 BRICKSTONE SQ 10TH FLOOR
City-St-Zip: ANDOVER, MA 01810

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BATTLES, KATHERINE
Address: 300 BRICKSTONE SQ 10TH FLOOR
City-St-Zip: ANDOVER, MA 01810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHERINE BATTLES

MGR

05/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date