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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE **BORLAND SOFTWARE CORPORATION**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|---------|---|--|--|
| SUBJ | BORLAND SOFTWARE CORPORATION | | |
| | Name of | Corporation | |
| DOC | UMENT NUMBER: | | |
| The er | iclosed Statement of Change of Registered Off | ice/Agent and fee are submitted for filing. | |
| | return all correspondence concerning this mat | | |
| | • | - | |
| | Nome of C | ontact Person | |
| | Name of Contact Person | | |
| | Firm/6 | Company | |
| | | | |
| | Ad | dress | |
| | | | |
| | City/State | and Zip Code | |
| | E-mail address: (to be used for | future annual report notification) | |
| For fur | ther information concerning this matter, please | call: | |
| | · | at () Area Code & Daytime Telephone Number | |
| | Name of Contact Person | Area Code & Daytime Telephone Number | |
| Enclos | ed is a \$35,00 check made payable to the Depa | utment of State. | |
| | Mailing Address: Amendment Section | Street Address: Amendment Section | |
| | Division of Corporations | Division of Corporations | |
| | P.O. Box 6327 | Clifton Building | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | |

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| stotement of ch | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of Delaware ler to change its registered office or registered agent, or both, in the State of Florida. | - - |
|---------------------------------|--|-------------|
| 1. The name of | the corporation: BORLAND SOFTWARE CORPORATION | |
| 2. The principa | office address: 700 KING FARM BLVD., SUITE 400 ROCKVILLE, MD 20850 | |
| 3. The mailing | address (if different): | |
| 4. Date of incom | rporation/qualification: 04/26/1991 Document number: P33721 | |
| 5. The name an | nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) | |
| | NRAI SERVICES, INC | |
| • | 1200 South Pine Island Road | |
| | Plantation, FL 33324 | |
| 6. The name an (if changed): | ad street address of the new registered agent (if changed) and for registered office | 15 15 |
| | C T Corporation System | HAY IL |
| | Cro C 1 Computation dystells, 1200 bount 1 life tourist 1000 | £- |
| | Plantation. Florida 33324 | A |
| | ress of its registered office and the street address of the business office of its registered age | ∵ |
| The street addr | ess of its registered office and the street address of the business office of its registered age. | ıı[€ |
| Such change wauthorized by t | vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | |
| _ and | William Bleier - Secretary Window or shipped reasons and trule | _ |
| | I the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete I my duites, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been natified in writing of this charge. | |
| | moration System Maria T. Chambars 5/13/15 Special Assistant Secretary Linte | - |
| If signing on be | ehalf of an entity: | |
| 1 | Typod or Printed Name | |
| | * * * FILING FEE; \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)