

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90093 026 \*\*\*150.00

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<b>DOCUMENT # F95000000818</b> 1. Entity Name <b>ASPEN SYSTEMS CORPORATION</b>					
Principal Place of Business <b>2277 RESEARCH BOULEVARD MS-8A ROCKVILLE, MD 20850 US</b>			Mailing Address <b>2277 RESEARCH BOULEVARD MS-8A ROCKVILLE, MD 20850 US</b>		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-1143803</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD LAMPERT, ALBERT 2277 RESEARCH BOULEVARD ROCKVILLE, MD 20850</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Bruce Lenz 161 N. Charles St., 45th Fl Chicago, IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DYBIEC, LINDA J 2277 RESEARCH BOULEVARD ROCKVILLE, MD 20850</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President + COO Frank Burke 2277 Research Blvd Rockville, MD 20850</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BRANNOCK, EUGENE A 2277 RESEARCH BOULEVARD ROCKVILLE, MD 20850</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Allan Kalkstein, Vice Presi. 2277 Research Blvd Rockville, MD 20850</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEMICK, GEORGETTE 2277 RESEARCH BOULEVARD ROCKVILLE, MD 20850</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MATRIGALI, JACKLYN A 2277 RESEARCH BOULEVARD ROCKVILLE, MD 20850</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MOORE, MARY E 2277 RESEARCH BOULEVARD ROCKVILLE, MD 20850</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Ann Laughlin 2277 Research Blvd Rockville, MD 20850</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/20/04 <small>Date</small>	
				301-519-5293 <small>Daytime Phone #</small>	