

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002859

FILED
Apr 20, 2009
Secretary of State

Entity Name: BENTLEY SYSTEMS DELAWARE, INC.

Current Principal Place of Business:

685 STOCKTON DRIVE
EXTON, PA 19341

New Principal Place of Business:

Current Mailing Address:

685 STOCKTON DRIVE
EXTON, PA 19341

New Mailing Address:

685 STOCKTON DRIVE
ATTN: TAX DEPT.
EXTON, PA 19341

FEI Number: 95-3936623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BENTLEY, KEITH A
Address: 685 STOCKTON DRIVE
City-St-Zip: EXTON, PA 19341

Title: PD () Delete
Name: BENTLEY, GREGORY S
Address: 685 STOCKTON DRIVE
City-St-Zip: EXTON, PA 19341

Title: VD () Delete
Name: BENTLEY, BARRY J
Address: 685 STOCKTON DRIVE
City-St-Zip: EXTON, PA 19341

Title: VD () Delete
Name: BENTLEY, RICHARD
Address: 685 STOCKTON DRIVE
City-St-Zip: EXTON, PA 19341

Title: S () Delete
Name: NATION, DAVID
Address: 685 STOCKMAN DRIVE
City-St-Zip: EXTON, PA 19341

Title: T () Delete
Name: HOLLISTER, DAVID
Address: 685 STOCKTON DRIVE
City-St-Zip: EXTON, PA 19341

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HOLLISTER

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04/20/2009

Electronic Signature of Signing Officer or Director

Date