

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000910

Entity Name: EXACT SOFTWARE NORTH AMERICA, LLC**Current Principal Place of Business:**5455 RINGS RD
SUITE 100
DUBLIN, OH 43017**Current Mailing Address:**5455 RINGS RD
SUITE 100
DUBLIN, OH 43017 US**FEI Number:** 31-0809288**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, 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

Authorized Person(s) Detail :

Title ASST. TREASURER
Name SOKOLIK, TERESA
Address 5455 RINGS RD
SUITE 100
City-State-Zip: DUBLIN OH 43017

Title TREASURER
Name BRAVERMAN, ALEX
Address 5455 RINGS RD
SUITE 100
City-State-Zip: DUBLIN OH 43017

Title SECRETARY
Name FOSTER, ROBIN
Address 5455 RINGS RD
SUITE 100
City-State-Zip: DUBLIN OH 43017

Title AUTHORIZED MEMBER
Name EXACT HOLDING NORTH AMERICA,
INC.
Address 5455 RINGS RD
SUITE 100
City-State-Zip: DUBLIN OH 43017

Title ASST. TREASURER
Name DOVER, KAREN
Address 5455 RINGS RD
SUITE 100
City-State-Zip: DUBLIN OH 43017

Title MANAGER
Name GRUENEWALD, TREVOR
Address 5455 RINGS RD
SUITE 100
City-State-Zip: DUBLIN OH 43017

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TREVOR GRUENEWALD**MANAGER****04/28/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date