

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0700000910

**Entity Name:** EXACT SOFTWARE NORTH AMERICA, LLC

**Current Principal Place of Business:**

5455 RINGS RD  
SUITE 100  
DUBLIN, OH 43017

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC3016354397**

**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            SECRETARY  
Name            FOSTER, ROBIN W  
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            ASST. TREASURER  
Name            DOVER, KAREN  
Address        5455 RINGS RD  
                  SUITE 100  
City-State-Zip: DUBLIN OH 43017

Title            ASST. TREASURER  
Name            SOKOLIK, TERESA  
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

*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: ROBIN W FOSTER**

**SECRETARY**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date