2018 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:

Name

Electronic Signature of Registered Agent

Date

FILED Apr 27, 2018

Secretary of State

CC1371237724

Authorized Person(s) Detail:

ASSISTANT SECRETARY Title FOSTER, ROBIN W

Address 5455 RINGS RD

SUITE 100

DUBLIN OH 43017 City-State-Zip:

Title ASST. TREASURER

SOKOLIK, TERESA Name

5455 RINGS RD Address

SUITE 100

DUBLIN OH 43017 City-State-Zip:

Title CEO

BOOKS, RON Name

5455 RINGS RD Address

SUITE 100

City-State-Zip: DUBLIN OH 43017

Title **SECRETARY**

Name KUSHNER, GORDON

Address 5455 RINGS RD

SUITE 100

City-State-Zip: DUBLIN OH 43017

ASST. TREASURER

Name DOVER, KAREN

Title

Address 5455 RINGS RD

SUITE 100

DUBLIN OH 43017 City-State-Zip:

Title **AUTHORIZED MEMBER**

Name ECI MACOLA/MAX HOLDING, LLC

5455 RINGS RD Address

SUITE 100

DUBLIN OH 43017 City-State-Zip:

Title **TREASURER**

ETHERINGTON, GLENN Name

5455 RINGS RD Address SUITE 100

DUBLIN OH 43017 City-State-Zip:

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: ADAM RUSSELL

04/27/2018 SENIOR LEGAL COUNSEL

Electronic Signature of Signing Authorized Person(s) Detail

Date