

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000427

Entity Name: UNIT4 BUSINESS SOFTWARE, INC.**Current Principal Place of Business:**900 LINTON BLVD, SUITE 201B
DELRAY BEACH, FL 33444**Current Mailing Address:**900 LINTON BLVD, SUITE 201B
DELRAY BEACH, FL 33444 US**FEI Number:** 04-3461317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title	DIRECTOR
Name	ETTLING, MIKE
Address	900 LINTON BLVD, SUITE 201B
City-State-Zip:	DELRAY BEACH FL 33444

Title	SECRETARY
Name	WORKMAN, JAMES A.
Address	900 LINTON BLVD, SUITE 201B
City-State-Zip:	DELRAY BEACH FL 33444

Title	TREASURER
Name	GUILLEN, ARTURO
Address	900 LINTON BLVD, SUITE 201B
City-State-Zip:	DELRAY BEACH FL 33444

Title	DIRECTOR
Name	HENRICUS DE ROOIJ, JOANNES ADRIANUS PETRUS
Address	900 LINTON BLVD, SUITE 201B
City-State-Zip:	DELRAY BEACH FL 33444

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 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 all other like empowered.

SIGNATURE: ARTURO GUILLEN**TREASURER****04/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date