

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000002859

**Entity Name:** BENTLEY SYSTEMS DELAWARE, INC.

**Current Principal Place of Business:**

685 STOCKTON DRIVE  
EXTON, PA 19341

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**2647919504CC**

**Current Mailing Address:**

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

**FEI Number:** 95-3936623

**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 VP  
Name BENTLEY, KEITH A  
Address 685 STOCKTON DRIVE  
City-State-Zip: EXTON PA 19341

Title PRES  
Name BENTLEY, GREGORY S  
Address 685 STOCKTON DRIVE  
City-State-Zip: EXTON PA 19341

Title VP  
Name BENTLEY, BARRY J  
Address 685 STOCKTON DRIVE  
City-State-Zip: EXTON PA 19341

Title DIR  
Name GRISWOLD, KIRK  
Address SUITE 2903, 950, WEST VALLEY ROAD  
City-State-Zip: WAYNE PA 19087

Title SEC  
Name SHAMAN, DAVID  
Address 685 STOCKTON DRIVE  
City-State-Zip: EXTON PA 19341

Title TREA  
Name HOLLISTER, DAVID  
Address 685 STOCKTON DRIVE  
City-State-Zip: EXTON PA 19341

Title VP  
Name BENTLEY, RAY  
Address 685 STOCKTON DRIVE  
City-State-Zip: EXTON PA 19341

*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:** DAVID HOLLISTER

**CFO**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date