

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849296 (9)

1. Corporation Name

SOFTWARE AG OF NORTH AMERICA, INC.



Principal Place of Business

11190 SUNRISE VALLEY DR.
RESTON VA 22091

Mailing Address

11190 SUNRISE VALLEY DR.
RESTON VA 22091

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

06/01/1981

3a. Date of Last Report

04/21/1995

4. FEI Number

54-0943991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(If 211. Registered Agent Signature required, when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE
NAME KING, MICHAEL J.
STREET ADDRESS 11190 SUNRISE VALLEY DRIVE
CITY-ST-ZIP RESTON VA

TITLE VO ☐ DELETE
NAME CRIFE, WILLIAM P.
STREET ADDRESS 11190 SUNRISE VALLEY DRIVE
CITY-ST-ZIP RESTON VA

TITLE S ☐ DELETE
NAME DALY, JAMES H.
STREET ADDRESS 11190 SUNRISE VALLEY DRIVE
CITY-ST-ZIP RESTON VA

TITLE VP ☐ DELETE
NAME KUPERMAN, PHILLIPE
STREET ADDRESS 11190 SUNRISE VALLEY DRIVE
CITY-ST-ZIP RESTON VA

TITLE T ☐ DELETE
NAME MCCREERY, HARRY K.
STREET ADDRESS 11190 SUNRISE VALLEY DRIVE
CITY-ST-ZIP RESTON VA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry McCreery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

703-860-5050

Daytime Phone

CR2E034 (12/95)