## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT F STATE

Sandra B. Mort

Secretary of Sta

DIVISION OF CORPOR TIONS

DOCUMENT # 849296

(9)

SOFTWARE AG OF NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

## **FILED** May 06 1997 8:00am Secretary of State



11190 BUNRISE VALLEY DR. RESTON VA 22091		11190 SUNRISE VALLEY DR. RESTON VA 20191-5423			ļ		
					3. Date Incorporated or Qualified 06/01/1981	3a. Date of Last 05/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FE) Number	<del></del>	applied For	
21		26			54-0943991		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- ¢0.75	Additional
22		27			5. Certificate of Status Desired	1 1 ,	Required
City & State	)	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zıp	Count	'y	8. This corporation has liability for	intangible tax under	s. 199.032.
24	25		30		Florida Statutes 🛛 🕅	] Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM				1 Name			
1200 S. PINE ISLAND RD.			8	Strent	Address (P.O. Box Number is Not Acceptab	nlo)	
PLANTATION FL 33324			]	0	reduces (1.0. por ramper is the redeptor	,,,,,	
			8	3			
			8	1 City		Inel 3	0-4-
			"	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 profiled transe of registered agent and title if applicable (NOTI Registered Agent signature required when reinstating) (DATE							
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	PCEO	☐ DELETE	1.1 TILLE		P/CEO/D	X Change	Addition
NAME	KING, MICHAEL J.		1.2 NAME		GILLIS, DANIEL F.		
STREET ADDRESS	11190 SUNRISE VALUEY DRIVE	1.3 STREET ADDRE		1 ADDRESS	11190 SUNRISE VALLEY DR		
CITY-ST-ZIP	RESTON VA		1.4 CHY - S1 - ZIP <b>RE</b>		RESTON, VA 20191		
TITLE	VÕ	💢 DELETE	2.1 TITLE			Change	Addition
NAME	CRIPE, WILLIAM P.		2.2 NAME			•	
STREET ADDRESS 11190 SUNRISE VALLEY DRIVE			2.3 STREET ADDRESS				
CITY-ST-ZIP	RESTON VA		2. 4 CITY - ST - ZIP				
TITLE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE		3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	RESTON VA		3.4 CITY	- S1 - 719			
TITLE	· ·		4.1 TilliE			Change	Addition
NAME			4. 2 NAM	ī			
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE		4.3 STREI	I ADDRESS			
CITY-ST-ZIP	RESTON VI		4.4 CITY-	S1-7IP			
TITLE	T	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	RESTON VA		5.4 CITY-	ST - ZIP			•
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	·		6.2 NAME				ł
STREET ADDRESS			6.3 STRF	1 ADDRESS			
CITY-ST-ZIP			6.4 CrtY-	S1 - 7IP			
44 Lala barak	an markly them the haloman the annual trade.	24 4 2 6 2 1 2 2					

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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

HARRY K. MCCREERY

4/17/97

(703)860-5050