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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **849296** (9)
1. Corporation Name
SOFTWARE AG AMERICAS, INC.



Principal Place of Business
**11190 SUNRISE VALLEY DR.
RESTON VA 22091**

Mailing Address
**11190 SUNRISE VALLEY DR.
RESTON VA 22091**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-0943991	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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
85	Zip Code

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GILIS, DANIEL F	1.2 NAME	
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	1.4 CITY-ST-ZIP	
TITLE	S ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	DALY, JAMES H.	2.2 NAME	Assistant S
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE	2.3 STREET ADDRESS	LEDoux, ROBERT B.
CITY-ST-ZIP	RESTON VA	2.4 CITY-ST-ZIP	11190 SUNRISE VALLEY DRIVE
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCREERY, HARRY K.	3.2 NAME	
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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:

Robert B. Ledoux

ROBERT B. LEDOUX

4/28/98

(703) 860-5050

CP2E034 (10/97)