

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849296

Entity Name: SOFTWARE AG, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

11190 SUNRISE VALLEY DR.
RESTON, VA 20191

New Principal Place of Business:

Current Mailing Address:

11190 SUNRISE VALLEY DR.
RESTON, VA 20191

New Mailing Address:

FEI Number: 54-0943991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O/D () Delete
Name: VOIGHT, GARY
Address: 11190 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: O () Delete
Name: BUTLER, KATHERINE E
Address: 11190 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: D () Delete
Name: MOSSACK, PETER DR
Address: C/O 11190 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: D (X) Delete
Name: ZEITLER, ANDREAS
Address: C/O 11190 SUNRISE VALLRY DRIVE
City-St-Zip: RESTON, VA 20191

Title: D () Delete
Name: ZINNHARDT, ARND
Address: C/O 11190 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D (X) Change () Addition
Name: MAYO, HASKELL
Address: 11190 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EDWARDS, MARK
Address: C/O 11190 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHERINE E. BUTLER

SEC

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date