

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000974

FILED
Apr 09, 2010
Secretary of State

Entity Name: DASSAULT SYSTEMES ENOVIA CORP.

Current Principal Place of Business:

900 CHELMSFORD STREET
TOWER 2, FLOOR 5
LOWELL, MA 01851

New Principal Place of Business:

900 CHELMSFORD ST., TOWER 2, 5TH FL
LOWELL, MA 01851 US

Current Mailing Address:

900 CHELMSFORD STREET
TOWER 2, FLOOR 5
LOWELL, MA 01851

New Mailing Address:

900 CHELMSFORD ST., TOWER 2, 5TH FL
LOWELL, MA 01851 US

FEI Number: 02-0372301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: D P
Name: TELLIER, MICHEL DIRPRES
Address: 900 CHELMSFORD ST., TOWER 2, 5TH FL
City-St-Zip: LOWELL, MA 01851 US

Title: S
Name: DEAN, DEBORAH SEC
Address: 900 CHELMSFORD ST., TOWER 2, 5TH FL
City-St-Zip: LOWELL, MA 01851 US

Title: T
Name: MONCHAL, LUDOVIC TREAS
Address: 900 CHELMSFORD ST., TOWER 2, 5TH FL
City-St-Zip: LOWELL, MA 01851 US

Title: D
Name: DECLEE, STEPHANE DIR
Address: 900 CHELMSFORD ST., TOWER 2, 5TH FL
City-St-Zip: LOWELL, MA 01851 US

Title: D
Name: EMMRICH, TOM DIR
Address: 900 CHELMSFORD ST., TOWER 2, 5TH FL
City-St-Zip: LOWELL, MA 01851 US

Title: D
Name: SEGAL, MIKE DIR
Address: 900 CHELMSFORD ST., TOWER 2, 5TH FL
City-St-Zip: LOWELL, MA 01851 US

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: LAURA LOUIS

POA

04/09/2010

Electronic Signature of Signing Officer or Director

Date