

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001490

FILED
Apr 25, 2008
Secretary of State

Entity Name: MICRO FOCUS (US), INC.

Current Principal Place of Business:

9420 KEY WEST AVE
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

9420 KEY WEST AVE
ROCKVILLE, MD 20850

New Mailing Address:

FEI Number: 52-2328686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE. 4
WESTON, FL 33331 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: CEO () Delete
Name: KELLY, STEPHEN CEO
Address: THE LAWN 22-30 OLD BATH RD
City-St-Zip: NEWBURY, BERKSHIRE, UK RG14 1QM

Title: CFO () Delete
Name: BRAY, NICK CFO
Address: THE LAWN 22-30 OLD BATH RD
City-St-Zip: NEWBURY, BERKSHIRE, UK RG14 1QM

Title: TR () Delete
Name: ONLSLOW, JENNY TREASUR
Address: THE LAWN 22-30 OLD BATH RD
City-St-Zip: NEWBURY, BERKSHIRE, UK RG14 1QM

Title: CC () Delete
Name: JONES, ROBERT E SECRETA
Address: 9420 KEY WEST AVE
City-St-Zip: ROCKVILLE, MD 20850

Title: DR () Delete
Name: CROOK, GARY DIRECTO
Address: 9420 KEY WEST AVE
City-St-Zip: ROCKVILLE, MD 20850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: AT (X) Change () Addition
Name: REED, MARTIN ASST TR
Address: 9420 KEY WEST AVE
City-St-Zip: ROCKVILLE, MD 20850

Title: AS (X) Change () Addition
Name: WOOD, COURTNEY ASST SE
Address: 9420 KEY WEST AVE
City-St-Zip: ROCKVILLE, MD 20850

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARTIN REED

AT

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date