2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000001556

1. Entity Name
HYLAND SOFTWARE, INC.

Principal Place of Business	Mailing Address
28500 CLEMENS ROAD WESTLAKE, OH 44145	28500 CLEMENS ROAD WESTLAKE, OH 44145

03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1699247
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HYLAND, A J
STREET ADDRESS	28500 CLEMENS RD.
CITY-ST-ZIP	WESTLAKE, OH 44145
TITLE	VSTD
NAME	HYLAND, CHRISTOPHER J
STREET ADDRESS	28500 CLEMENS ROAD
CITY-ST-ZIP	WESTLAKE, OH 44145
TITLE	VD
NAME	ZUBIZARETTA, MIGUEL
STREET ADDRESS	28500 CLEMENS ROAD
CITY-ST-ZIP	WESTLAKE, OH 44145
TITLE	D
NAME	HABBU, AJIT
STREET ADDRESS	555 NORTHPOINT CENTER EAST, SUITE 150
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80146-006 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. HYLAND 3-31-05 440-788-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #