2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002110

TREITEL, ANDREW

CARY, NC 27513

4000 CENTRE GREEN WAY, STE. 100

Name:

Address:

City-St-Zip:

Entity Name: SAPIENS AMERICAS CORPORATION

FILED Mar 05, 2009 Secretary of State

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Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
4000 CEN ⁻ STE. 150 CARY, NC	TRE GREEN 27513	WAY				
Current M	ailing Addr	ess:	New Maili	New Mailing Address:		
4000 CEN ⁻ STE. 150 CARY, NC	TRE GREEN 27513	WAY				
FEI Number:	13-3621430	FEI Number Applied For () FEI Number Not App	icable () Certific	cate of Status Desired ()	
Name and	Address of	Current Registered Age	nt: Name and	Address of New Re	gistered Agent:	
The above	SSEE, FL 32	3012525 US y submits this statement for	r the purpose of changing i	ts registered office or	registered agent, or both,	
SIGNATUF						
OIOIVATOI		onic Signature of Registere	ed Agent		 Date	
Election Can	npaign Financi	ng Trust Fund Contribution (·).			
OFFICERS	S AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	AL DOR, RO	E GREEN WAY, STE. 150	Title: Name: Address: City-St-Zip:	()Change	()Addition	
Title: Name: Address: City-St-Zip:	BRIN, ELIOR	() Delete E GREEN WAY, STE 100 7513	Title: Name: Address: City-St-Zip:	D (X) Change GILADI, RONI 4000 CENTRE GREEN CARY, NC 27513	e()Addition WAY, STE 150	
Title: Name: Address: City-St-Zip:	RUBENDALL	E GREEN WAY, STE. 100	Title: Name: Address: City-St-Zip:	T, S (X) Change RUBENDALL, GINA 4000 CENTRE GREEN CARY, NC 27513	e()Addition WAY, STE. 150	
Title:	S ((X) Delete	Title:	()Change	() Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GINA RUBENDALL T 03/05/2009