



FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # F02000005265		Secretary of S	
1. Entity Name KEWILL SOLUTIONS NORTH AMERICA, INC.			
Principal Place of Business 100 NICKERSON ROAD MARLBOROUGH, MA 01752 US		Mailing Address 100 NICKERSON ROAD MARLBOROUGH, MA 01752 US	
DO NOT WRITE IN THIS SPACE			
		02262008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 04-3109841	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, PAUL A 100 NICKERSON ROAD MARLBOROUGH, MA 01752		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, PAUL 100 NICKERSON ROAD MARLBOROUGH, MA 01752		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLAN, MICHAEL 100 NICKERSON ROAD MARLBOROUGH, MA 01752		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, KIM 100 NICKERSON ROAD MARLBOROUGH, MA 01752		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>K. Dodge VP Finance</u>		3/11/08 508-229-4400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	