

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000005265

FILED
Jul 24, 2003
Secretary of State

Entity Name: KEWILL SOLUTIONS NORTH AMERICA, INC.

Current Principal Place of Business:

100 NICKERSON ROAD
MARLBOROUGH, MA 01752

New Principal Place of Business:

Current Mailing Address:

100 NICKERSON ROAD
MARLBOROUGH, MA 01752

New Mailing Address:

FEI Number: 04-3109841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: OWEN, WILLIAM
Address: 100 NICKERSON ROAD
City-St-Zip: MARLBOROUGH, MA 01752

Title: TCD () Delete
Name: COFFEY, KEVIN R
Address: 100 NICKERSON ROAD
City-St-Zip: MARLBOROUGH, MA 01752

Title: D () Delete
Name: MOORHOUSE, BARBARA
Address: 100 NICKERSON ROAD
City-St-Zip: MARLBOROUGH, MA 01752

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OWEN, WILLIAM
Address: 100 NICKERSON ROAD
City-St-Zip: MARLBOROUGH, MA 01752

Title: VTS (X) Change () Addition
Name: CIRILLO, TRACY M
Address: 100 NICKERSON ROAD
City-St-Zip: MARLBOROUGH, MA 01752

Title: D (X) Change () Addition
Name: NICHOLS, PAUL
Address: 100 NICKERSON ROAD
City-St-Zip: MARLBOROUGH, MA 01752

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRACY M. CIRILLO

VTS

07/24/2003

Electronic Signature of Signing Officer or Director

_____ Date