

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000003055

FILED
Oct 06, 2006
Secretary of State

Entity Name: AIA SOFTWARE NORTH AMERICA, INC.

Current Principal Place of Business:

5 BROADACRE DRIVE,STE 100
MOUNT LAUREL, FL 8054

New Principal Place of Business:

5 BROADACRE DRIVE,STE 100
MOUNT LAUREL, NJ 08054

Current Mailing Address:

5 BROADACRE DRIVE,STE 100
MOUNT LAUREL, FL 8054

New Mailing Address:

5 BROADACRE DRIVE,STE 100
MOUNT LAUREL, NJ 08054

FEI Number: 98-0382648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CT CORP

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: DIRVEN, PAUL
Address: BONGERD UB
City-St-Zip: 6581 TG NIJMEGEN, NYMEGEN,

Title: D () Delete
Name: BOISUERT, GEOFFREY
Address: 5 BROADACRE DR
City-St-Zip: MOUNT LAUREL, NJ 8054 US

Title: SCFO () Delete
Name: MAAS, PAUL
Address: 65U5 AV NYMEGEN,
City-St-Zip: NETHERLANDS,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: DIRVEN, PAUL
Address: KERKENBOS 10-129
City-St-Zip: NIJMEGEN, THE NETHERLANDS, NL 6546 BJ NL

Title: D (X) Change () Addition
Name: BOISVERT, GEOFFREY
Address: 5 BROADACRE DR
City-St-Zip: MOUNT LAUREL, NJ 08054 US

Title: SCFO (X) Change () Addition
Name: MAAS, PAUL
Address: KERKENBOS 10-129
City-St-Zip: NIJMEGEN, THE NETHERLANDS, NL 6546 BJ NL

I hereby certify that the information supplied with this filing does not qualify for the 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: G BOISVERT

D

10/06/2006

Electronic Signature of Signing Officer or Director

Date