2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# F03000005925

Entity Name: DOUBLE-TAKE SOFTWARE, INC.

Current Principal Place of Business:

257 TURNPIKE ROAD
SUITE 201
SOUTHBOROUGH, MA 01772 US

New Principal Place of Business:

Current Mailing Address:

2 HUDSON PLACE
SUITE 700
HOBOKEN, NJ 07030 US

New Mailing Address:

FEI Number: 20-0230046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOODERMOTE, DEAN S
Address: 257 TURNPIKE ROAD
City-St-Zip: SOUTHBOROUGH, MA 01772 US

Title: S ( ) Delete
Name: HUKE, S. CRAIG
Address: 8470 ALLISON POINTE BLVD.
City-St-Zip: INDIANAPOLIS, IN 46250 US

Title: D ( ) Delete
Name: BIRCH, PAUL
Address: 257 TURNPIKE ROAD
City-St-Zip: SOUTHBOROUGH, MA 01772 US

Title: D ( ) Delete
Name: LANDRY, JOHN B
Address: 257 TURNPIKE ROAD
City-St-Zip: SOUTHBOROUGH, MA 01772 US

Title: D ( ) Delete
Name: BESEMER, DEBORAH M
Address: 257 TURNPIKE ROAD
City-St-Zip: SOUTHBOROUGH, MA 01772 US

Title: D ( ) Delete
Name: YOUNG, JOHN W
Address: 257 TURNPIKE ROAD
City-St-Zip: SOUTHBOROUGH, MA 01772 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: S. CRAIG HUKE S 07/14/2009

Electronic Signature of Signing Officer or Director — Date