

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000969

Entity Name: MKS SOFTWARE INC.

FILED
Mar 30, 2011
Secretary of State

Current Principal Place of Business:

1815 SOUTH MEYERS ROAD
220
OAKBROOK TERRACE, IL 60181 US

New Principal Place of Business:

Current Mailing Address:

1815 SOUTH MEYERS ROAD
220
OAKBROOK TERRACE, IL 60181 US

New Mailing Address:

FEI Number: 74-2877078 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: DECK, PHILIP C
Address: 410 ALBERT ST.
City-St-Zip: WATERLOO, ON N2L 3V3 CA

Title: CFO
Name: SAWATZKY, DOUGLAS M
Address: 410 ALBERT ST.
City-St-Zip: WATERLOO, ON N2L 3V3 CA

Title: DVS
Name: WASYLISHYN, LARRY
Address: 410 ALBERT ST.
City-St-Zip: WATERLOO, ON N2V2M6 CA

Title: VP
Name: BOSANKO, THOMAS
Address: 1270 FAIRFAX LAKES CIRLE, STE 350
City-St-Zip: FAIRFAX, VA 22033

Title: VP
Name: OZOLS, ARNOLD L
Address: 1815 S. MEYERS ROAD, SUITE 220
City-St-Zip: OAKBROOKE TERRACE, IL 60181

Title: PCEO
Name: HARRIS, MICHAEL
Address: 410 ALBERT ST.
City-St-Zip: WATERLOO, ON N2L 3V3 CA

I hereby 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 all other like empowered.

SIGNATURE: LARRY WASYLISHYN

DVS

03/30/2011

Electronic Signature of Signing Officer or Director

Date