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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 7466117 5046485
AUTHORIZATION CHIMINES OF THE PARTY OF THE P
COST LIMIT : \$ 70.00
ORDER DATE : May 13, 2024
ORDER TIME : 10:17 AM
ORDER NO. : 466117-030
CUSTOMER NO: 5046485
FOREIGN FILINGS
NAME: SOFTWARE AG, INC.
XXXX QUALIFICATION (TYPE: <u>CO</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Miller EXT#

EXAMINER:

COVER LETTER

_	tration Section ion of Corporations				
SUBJECT:	Software AG, Inc.				
	Name	of corporation	- must include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Stan	ding" and check are sub		
Please return	all correspondence concern	ing this matter	to the following:		
Cathy Douglas	. Legal Department				
		Name of	Person		
Software AG, I	nc.				
		Firm/Com	pany		
11951 Freedon	Drive, Suite 410				
		Addre	:SS		
Reston, VA 20	190				
		City/State a	nd Zip code		
cathy.douglas@)softwareag.com				
	E-mail address	s: (to be used f	or future annual report n	otification)	
For further int	formation concerning this n	natter, please c	all:		
Cathy Douglas		703 at (860-5050	50-5050	
Name	e of Person	Area Code	2 Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following ame eck payable to: FLORIDA D ng Fee	EPARTMENT g Fee & □	OF STATE) \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

under the law of which it is incorporated.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

oftware AG. II	ıc.		
	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting by	usiness in Florida)
Virginia 54-0943991			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applic	able)
05/29/1973			
(Date of incorporation) 5. (Date of duration, if other than per			perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) Drive, Suite 410, Reston, VA 20190	Torida, if prior to registration) 2, F.S., to determine penalty liability)	
	(Principal office	street address)	
	(<u> </u>	
		address, if different)	20241
Manage and assess	sa addenaa af Dhaoi da oo dasaaad aa aas /D 🔿 🖯		
Name and <u>stree</u>	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	
Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O.) Corporation Service Company	Box <u>NOT</u> acceptable)	20241.57 16
Name:		Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company 1201 Hays Street	22201	PH 2:
Name:	Corporation Service Company	Box <u>NOT</u> acceptable) Florida	
Name: ffice Address: Registered ago aving been nam signated in this rther agree to co ad I am familiar	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes related with and accept the obligations of my posite Corporation Service Company	Florida 32301 Florida (Zip code) of process for the above stated cont as registered agent and agree to the proper and complete poion as registered agent.	PH 22 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20
Name: Tice Address: Registered againg been namesignated in this of the agree to contain the agreement the agreeme	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment of all statutes relative with and accept the obligations of my positive in the provisions of my positive in the provision in the provision in the provisi	Florida 32301 Florida (Zip code) of process for the above stated cont as registered agent and agree to the proper and complete poion as registered agent.	PH 22 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

DocuSign Envelope ID: 34AA12EA-72C2-49D7-9244-834616D3565C

A. DIRECTORS Joshua Husk Robert Blair □Chairman Name: □Chairman 11951 Freedom Drive, Suite 410 11951 Freedom Drive, Suite 410 □Vice Chairman Address: Address: □ Vice Chairman Reston, VA 20190 Reston, VA 20190 ■ Director Director □President □President □Vice President _____ ☐ Vice President □Treasurer □ Secretary □ Secretary Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: Dr. Benno Quade Name: W. Stanford Smith □ Chairman □ Chairman 11951 Freedom Drive, Suite 41 11951 Freedom Drive, Suite 410 ☐ Vice Chairman Address: □ Vice Chairman Reston, VA 20190 Reston, VA 20190 ■ Director □ Director □President □President □Vice President _____ □Vice President □ Secretary ☐Treasurer ■ Secretary ☐ Treasurer □ Other _____ □ Other _____ ☐Other _____ □Other Morgan Shelton Rowan Scrange □ Chairman □ Chairman 11951 Freedom Drive, Suite 41 11951 Freedom Drive, Suite 410 □Vice Chairman Address: □ Vice Chairman Address: Reston, VA 20190 Reston, VA 20190 □Director □Director ■ President □President □Vice President _____ □ Vice President ☐ Secretary Treasurer □ Secretary ☐ Treasurer Assistant Secretar □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Margan Shelton Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Morgan Shelton

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Software AG, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on May 29, 1973;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 13, 2024

Bernard J. Logan, Clerk of the Commission