

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000818 (3)**

1. Corporation Name
ASPEN SYSTEMS CORPORATION



Principal Place of Business: **1600 RESEARCH BOULEVARD, MS-4F ROCKVILLE MD 20850**
Mailing Address: **1600 RESEARCH BOULEVARD, MS-4F ROCKVILLE MD 20850**

3. Date Incorporated or Qualified: **02/20/1995**
3a. Date of Last Report
4. FEI Number: **52-1143803**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21] **1600 RESEARCH BOULEVARD**
Suite, Apt. #, etc.
22] **MS-5N**
City & State
23] **ROCKVILLE MD**
Zip Country
24] **20850**
25]
2a. Mailing Address
26] **1600 RESEARCH BOULEVARD**
Suite, Apt. #, etc.
27] **MS-5N**
City & State
28] **ROCKVILLE MD**
Zip Country
29] **20850**
30]

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LAMPERT, ALBERT	
STREET ADDRESS	1600 RESEARCH BLVD	
CITY- ST- ZIP	ROCKVILLE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDENBERG, MELVYN J	
STREET ADDRESS	1600 RESEARCH BLVD	
CITY- ST- ZIP	ROCKVILLE MD	
TITLE	PD ✓	<input type="checkbox"/> DELETE
NAME	BRANNOCK, EUGENE A	
STREET ADDRESS	1600 RESEARCH BLVD	
CITY- ST- ZIP	ROCKVILLE MD	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BYRD III, HARVEY C	
STREET ADDRESS	1600 RESEARCH BLVD	
CITY- ST- ZIP	ROCKVILLE MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATRIGALI, JACKLYN A	
STREET ADDRESS	1600 RESEARCH BLVD	
CITY- ST- ZIP	ROCKVILLE MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOORE, MARY E	
STREET ADDRESS	1600 RESEARCH BLVD	
CITY- ST- ZIP	ROCKVILLE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGETTE SEMICK	
1.3 STREET ADDRESS	1600 RESEARCH BOULEVARD	
1.4 CITY- ST- ZIP	ROCKVILLE, MD 20850	
2.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LINDA J. DYBIEC	
2.3 STREET ADDRESS	1600 RESEARCH BLVD.	
2.4 CITY- ST- ZIP	ROCKVILLE, MD 20850	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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J.M.M.
3-12-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3/6/96** 301 257-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

ASPEN SYSTEMS CORPORATION

DIRECTORS	
NAME	ADDRESS
Albert Lampert	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Melvyn J. Goldenberg, Sr.	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Eugene A. Brannock	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Georgette Semick	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Linda J. Dybiec	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850

EXECUTIVE OFFICERS		
NAME	TITLE	ADDRESS
Albert Lampert	President	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Melvyn J. Goldenberg, Sr.	Senior Vice President	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Eugene A. Brannock	Senior Vice President	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Georgette Semick	Vice President	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Linda J. Dybiec	Vice President & Treasurer	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Jacklyn A. Matrigali	Vice President	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850
Mary Ellen Moore	Secretary	Aspen Systems Corporation 1600 Research Boulevard Rockville, Maryland 20850

July 26, 1995