SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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	Mailing Address
1600 RESEARCH BOULEVARD. MS-4F ROCKVILLE MD 20850	1600 RESEARCH BOULEVARD. MS-4F ROCKVILLE MD 20850

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1995

2. Principal Place of Business	2a. Mailing Address
21 2277 Research Boulevard	26 2277 Research Boulevard
Suite, Apt. #, etc. 22 MS-8A	Suite, Apt. #, etc. 27 MS- 8A
City & State 23 Rockville, MD	City & State 28 Rockville,MD
Zip / Country 24 20850 / 25 Montgomery	Zip / Country 29 20850 / 30 Montgomery

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	LAMPERT, ALBERT		1.2 NAME	Lampert, Albert	
STREET ADDRESS	1600 RESEARCH BLVD		1.3 STREET ADDRESS	2277 Research Boulevard	
CITY-ST-ZIP	ROCKVILLE MD		1.4 CITY-ST-ZIP	Rockville, MD 20850	
TITLE	VD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	GOLDENBERG, MELVYN J		2.2 NAME	Dybiec, Linda J.	
STREET ADDRESS	1600 RESEARCH BLVD		2.3 STREET ADDRESS	2277 Research Boulevard	
CITY-ST-ZIP	ROCKVILLE MD		2.4 CITY-ST-ZIP	Rockville, MD 20850	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BRANNOCK, EUGENE A		3.2 NAME	Brannock, Eugene A.	
STREET ADDRESS	1600 RESEARCH BLVD		3.3 STREET ADDRESS	2277 Research Boulevard	
CITY-ST-ZIP	ROCKVILLE MD		3.4 CITY-ST-ZIP	Rockville, MD 20850	
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	SEMICK, GEORGETTE		4.2 NAME	Semick, Georgette	
STREET ADDRESS	1600 RESEARCH BLVD		4.3 STREET ADDRESS	2277 Research Boulevard	
CITY-ST-ZIP	ROCKVILLE MD		4.4 CITY-ST-ZIP	Rockville, MD 20850	
TITLE	V	☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	MATRIGALI, JACKLYN A		5.2 NAME	Matrigali, Jacklyn A.	
STREET ADDRESS	1600 RESEARCH BLVD		5.3 STREET ADDRESS	2277 Research Boulevard	
CITY-ST-ZIP	ROCKVILLE MD		5.4 CITY-ST-ZIP	Rockville, MD 20850	
TITLE	S	☐ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	MOORE, MARY E		6.2 NAME	Moore, Mary E	
STREET ADDRESS	1600 RESEARCH BLVD		6.3 STREET ADDRESS	2277 Research Boulevard	
CITY-ST-ZIP	ROCKVILLE MD		6.4 CITY-ST-ZIP	Rockville, MD 20850	

CR2E034 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: SIGNATURE REQUIRED Howard Lenhoff 8/10/98 (301) 519-5000