2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # F95000000818 ASPEN SYSTEMS CORPORATION 05-03-2001 90944 010 ***150.00 Principal Place of Business Mailing Address 2277 RESEARCH BOULEVARD 2277 RESEARCH BOULEVARD MS-8A MS-BA ROCKVILLE MD 20850 ROCKVILLE MD 20850 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-1143803 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCD Addition TITLE ☐ Change ☐ Delete TITLE LAMPERT, ALBERT NAME NAME 2277 RESEARCH BOUELVARD STREET ADDRESS STREET ADDRESS **ROCKVILLE MD 20850** CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE DYBIEC, LINDA J NAME NAME 2277 RESEARCH BOULEVARD STREET ADDRESS STREET ADDRESS **ROCKVILLE MD 20850** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE - -☐ Change ☐ Addition TITLE BRANNOCK, EUGENE A NAME NAME 2277 RESEARCH BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKVILLE MD 20850 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition SEMICK, GEORGETTE NAME NAME 2277 RESEARCH BOULEVARD STREET ADDRESS STREET ADDRESS **ROCKVILLE MD 20850** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change □ Addition MATRIGALI, JACKLYN A NAME NAME 2277 RESEARCH BOUELVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKVILLE MD 20850 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE: MOORE, MARY E NAME NAME STREET ADDRESS 2277 RESEARCH BOULEVARD STREET ADDRESS **ROCKVILLE MD 20850** CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or or an attachment with an address, with all other like empowered.

Linda J. Dybiec

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER ORDINECTO THE PRESIDENT & TRASSIFES