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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000002221 (7)**

1. Corporation Name
BEST SOFTWARE, INC.

Principal Place of Business	Mailing Address
11413 ISAAC NEWTON SQ **RESTON VA 22090**	**11413 ISAAC NEWTON SQ** **RESTON VA 20190-5005**

3. Date Incorporated or Qualified: **05/03/1996**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **54-1222526** ☐ 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

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
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	C	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PETERSEN, JAMES		1.2 NAME		
STREET ADDRESS	3614 OPAL DR		1.3 STREET ADDRESS	8034 GALLA KNOLLS CIRCLE	
CITY-ST-ZIP	ALEXANDRIA VA 22305		1.4 CITY-ST-ZIP	SPRINGFIELD VA 22153	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVENPORT, TIMOTHY A		2.2 NAME		
STREET ADDRESS	801 LEIGH MILL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREAT FALLS VA 22066		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRINBERG, HERBERT		3.2 NAME		
STREET ADDRESS	145 E. 48TH ST, SUITE 22C		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTINSON, JOHN		4.2 NAME		
STREET ADDRESS	997 LENOX DR #3		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	V/T	☒ Change ☐ Addition
NAME	BOSSERMAN, DAVID N		5.2 NAME		
STREET ADDRESS	20980 FOWLERS MILL CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ASHBURN VA 22011		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REBACK, SHELLEY		6.2 NAME		
STREET ADDRESS	7516 SEBAGO RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: David N. Bosserman 1/27/97 703-709-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #