FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 23 1998 8:00am
Secretary of State

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 22090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1996

2. Principal Place of Business 21: 11413 ISAAC NEWTON SQ	2a. Mailing Address 26: 11413 ISAAC Newton Sq
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: RESTON VA	City & State 28: RESTON VA
Zip 24: 20190 Country 25:	Zip 29: 20190 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	8034 GALLA KNOLLS CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD VA		1.4 CITY-ST-ZIP		
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	VT	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BOSSERMAN, DAVID N		5.2 NAME		
STREET ADDRESS	20960 FOWLERS MILL CIRCLE		5.3 STREET ADDRESS	19115 GREEN FOX CIRCLE	
CITY-ST-ZIP	ASHBURN VA		5.4 CITY-ST-ZIP	Leesburg VA 20175	
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 (10/97)

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: Shelley Reback SHELLEY REBACK Secretary 1/6/98 703 709 5200