2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State
02-14-2003 90177 028 ***150.00

DOCUMENT # F96000002221

1. Entity Name
BEST SOFTWARE, INC.

Principal Place of Business	Mailing Address
11413 ISAAC NEWTON SQ RESTON VA 20190 US	11413 ISAAC NEWTON SQ RESTON VA 20190 US

2. Principal Place of Business	3. Mailing Address
2325 DULLES CORNER BLVD	2325 DULLES CORNER BLVD
Suite, Apt. #, etc. SUITE 800	Suite, Apt. #, etc. SUITE 800
City & State HERNDON VA	City & State HERNDON, VA
Zip / Country 20171 / U.S.A.	Zip / Country 20171 / U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-1222526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, PAUL BENTON PARK ROAD NEWCASTLE VAON TYNE NZ NE7- 7LZ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES, FOSTER 888 EXECUTIVE CTR DR W STE 300 SAINT PETERSBURG FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOBART, PAUL BENTON PARK ROAD NEW CASTLE VAON TYNE NZ NE7- 7LZ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECKSTAEDT, JAMES R 56 TECHNOLOGY DRIVE IRVINE CA 92618-2301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ~~NORDHAM,~~ KAREN 888 EXE CENTER DR W STE 300 SAINT PETERSBURG FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MORTHAM, KAREN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LIVINGOOD, JANET 888 EXE CTR DR W STE 300 RESTON VA 20190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LIVENGOOD, JANET	☒ Change ☐ Addition

CR2E034 (10/02)

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE KAREN MORTHAM 2/4/03 727-579-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #