

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

FILED

May 21 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 # F96000006303 (9)

1. Corporation Name  
OPEN SOLUTIONS INC.

Principal Place of Business

300 WINDING BROOK DR.  
GLASTONBURY CT 06033

Mailing Address

300 WINDING BROOK DR.  
GLASTONBURY CT 06033-4335



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/04/1996

3a. Date of Last Report

4. FEI Number

22-3173050

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



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDCE ☐ DELETE

NAME ANDERSON, DOUGLAS K  
STREET ADDRESS 300 WINDING BROOK DR.  
CITY-ST-ZIP GLASTONBURY CT 06033

TITLE VSD ☐ DELETE

NAME WAGGONER, CLIFFORD I  
STREET ADDRESS 300 WINDING BROOK DR.  
CITY-ST-ZIP GLASTONBURY CT 06033

TITLE VTD ☐ DELETE

NAME GURNEY, GRAHAM H  
STREET ADDRESS 300 WINDING BROOK DR.  
CITY-ST-ZIP GLASTONBURY CT 06033

TITLE DC ☐ DELETE

NAME NAUDON, CARLOS P  
STREET ADDRESS 57 W. 38TH ST.  
CITY-ST-ZIP NEW YORK NY 10018

TITLE D ☐ DELETE

NAME MCKAY, SAMUEL F  
STREET ADDRESS 242 TRUMBULL ST.  
CITY-ST-ZIP HARTFORD CT 06103

TITLE D ☐ DELETE

NAME CARLISLE, DOUGLAS  
STREET ADDRESS 242 TRUMBULL ST.  
CITY-ST-ZIP HARTFORD CT 06103

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Lise Dondy  
1.3 STREET ADDRESS 40 Cold Spring Road  
1.4 CITY-ST-ZIP Rocky Hill, CT 06067

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Richard P. Yanak  
2.3 STREET ADDRESS 14 Bayside Terrace  
2.4 CITY-ST-ZIP Riverside CT 06878

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Glen Salow  
3.3 STREET ADDRESS 151 Farmington Ave  
3.4 CITY-ST-ZIP Hartford, CT 06150

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE: *Clifford I Waggoner*

Signature and Title for Printed Name of Signing Officer or Director

Date

Daytime Phone # 0011882

CR2E034 (9/96)