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May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
300 WINDING BROOK DR. GLASTONBURY CT 06033	300 WINDING BROOK DR. GLASTONBURY CT 06033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1996

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 22-3173050	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDCE	☐ DELETE	1.1 TITLE	C/D	☑ Change ☐ Addition
NAME	ANDERSON, DOUGLAS K		1.2 NAME	Anderson, Douglas K	
STREET ADDRESS	300 WINDING BROOK DR.		1.3 STREET ADDRESS	300 Winding Brook Drive	
CITY-ST-ZIP	GLASTONBURY CT 06033		1.4 CITY-ST-ZIP	Glastonbury, CT 06033	
TITLE	VSD	☐ DELETE	2.1 TITLE	P	☐ Change ☑ Addition
NAME	WAGGONER, CLIFFORD I		2.2 NAME	John L. Person	
STREET ADDRESS	300 WINDING BROOK DR.		2.3 STREET ADDRESS	300 Winding Brook Drive	
CITY-ST-ZIP	GLASTONBURY CT 06033		2.4 CITY-ST-ZIP	Glastonbury, CT 06033	
TITLE	VTD	☐ DELETE	3.1 TITLE	V/D	☑ Change ☐ Addition
NAME	GURNEY, GRAHAM H		3.2 NAME	Graham H. Gurney	
STREET ADDRESS	300 WINDING BROOK DR.		3.3 STREET ADDRESS	300 Winding Brook Drive	
CITY-ST-ZIP	GLASTONBURY CT 06033		3.4 CITY-ST-ZIP	Glastonbury, CT 06033	
TITLE	DC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NAUDON, CARLOS P		4.2 NAME		
STREET ADDRESS	57 W. 38TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10018		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKAY, SAMUEL F		5.2 NAME		
STREET ADDRESS	242 TRUMBULL ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT 06103		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CARLISLE, DOUGLAS		6.2 NAME		
STREET ADDRESS	3000 SAND HILL ROAD BLDG 4 STE 1000		6.3 STREET ADDRESS		
CITY-ST-ZIP	MENLO PARK CA		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: _____