


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90160 039 ***150.00

DOCUMENT # F97000002859 1. Entity Name BENTLEY SYSTEMS DELAWARE, INC.					
Principal Place of Business 685 STOCKTON DRIVE EXTON, PA 19341			Mailing Address 685 STOCKTON DRIVE EXTON, PA 19341		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTLEY, KEITH A		NAME		
STREET ADDRESS	685 STOCKTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EXTON, PA 19341		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTLEY, GREGORY S		NAME		
STREET ADDRESS	685 STOCKTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EXTON, PA 19341		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTLEY, BARRY J		NAME		
STREET ADDRESS	685 STOCKTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EXTON, PA 19341		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTLEY, RICHARD		NAME		
STREET ADDRESS	685 STOCKTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EXTON, PA 19341		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NATION, DAVID		NAME		
STREET ADDRESS	685 STOCKMAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EXTON, PA 19341		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIERY, RICHARD D JR		NAME	Treasurer	
STREET ADDRESS	685 STOCKTON DRIVE		STREET ADDRESS	David Hollister	
CITY-ST-ZIP	EXTON, PA 19341		CITY-ST-ZIP	685 Stockton Dr. Exton, PA 19341	

40059156



01262007 Chg-P CR2E034 (12/06)

4. FEI Number
95-3936623

Applied For
Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 withal other like empowered.

SIGNATURE: *David Hollister* **David Hollister** 4/2/07 610.458.5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #