


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000002859 1. Entity Name BENTLEY SYSTEMS DELAWARE, INC.	
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Principal Place of Business 685 STOCKTON DRIVE EXTON, PA 19341	Mailing Address 685 STOCKTON DRIVE EXTON, PA 19341
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-3936623	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENTLEY, KEITH A 685 STOCKTON DRIVE EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENTLEY, GREGORY S 685 STOCKTON DRIVE EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENTLEY, BARRY J 685 STOCKTON DRIVE EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENTLEY, RICHARD 685 STOCKTON DRIVE EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NATION, DAVID 685 STOCKMAN DRIVE EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLISTER, DAVID 685 STOCKTON DRIVE EXTON, PA 19341

<p>U00000938435 05/27/08-80085-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 with another person empowered.

SIGNATURE:  **4/22/08 610 458 5000**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #