

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90094 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004008

1. Corporation Name
ARDENT SOFTWARE, INC.

Principal Place of Business
50 WASHINGTON STREET
WESTBORO MA 01581-1021

Mailing Address
50 WASHINGTON STREET
WESTBORO MA 01581-1021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/14/1998		4. FEI Number 04-2818132		Applied For Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. This corporation owes the current year Intangible Personal Property Tax.		8. Additional Fee Required \$8.75 May Be Added to Fees		9. Yes No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL					

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	C/P/D		
NAME	GYENES, PETER			1.2 NAME			
STREET ADDRESS	50 WASHINGTON STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	WESTBORO MA			1.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D		
NAME	BRUNEL, DAVID W			2.2 NAME	ROBERT M. MORRILL		
STREET ADDRESS	50 WASHINGTON STREET			2.3 STREET ADDRESS	50 WASHINGTON STREET		
CITY-ST-ZIP	WESTBORO MA			2.4 CITY-ST-ZIP	WESTBORO, MA 01581-1021		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	HOEHN, RICHARD N			3.2 NAME			
STREET ADDRESS	50 WASHINGTON STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	WESTBORO MA			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T/V		
NAME	KANE, CHARLES F			4.2 NAME			
STREET ADDRESS	50 WASHINGTON STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	WESTBORO MA			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE			
NAME	WALSH, JAMES			5.2 NAME			
STREET ADDRESS	50 WASHINGTON STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	WESTBORO MA			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE			
NAME	DRESHER, JAMES T			6.2 NAME			
STREET ADDRESS	50 WASHINGTON STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	WESTBORO MA			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/99

508-366-3888

Date

Daytime Phone #

CR2E034 (11/98)