

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90098 038 \*\*\*150.00

**DOCUMENT # F98000005220**

**1. Entity Name**  
**MSC.SOFTWARE CORPORATION**



**Principal Place of Business**  
**2 MACARTHUR PLACE**  
**SANTA ANA CA 92707**

**Mailing Address**  
**2 MACARTHUR PLACE**  
**SANTA ANA CA 92707**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**95-2239450**

Applied For  
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PAIA CORP INCORPORATED**  
**236 EAST 6TH AVENUE**  
**TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**CCEO**  
**PERNA, FRANK JR.**  
**815 COLORADO BOULEVARD**  
**LOS ANGELES CA 90041**

☐ Delete

☒ Change ☐ Addition  
**2 MACARTHUR PLACE**  
**SANTA ANA CA 92707**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**CFO**  
**GRECO, LOUIS A**  
**59 ANNANDALE ROAD**  
**PASADENA CA 91105**

☐ Delete

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**V**  
**BLAKELY, KEN**  
**855 LEES AVENUE**  
**LONG BEACH CA 90815**

☐ Delete

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VP**  
**SIKES, GREG**  
**2975 REDHILL AVE.**  
**COSTA MESA CA 92626**

☐ Delete

☒ Change ☐ Addition  
**2 MACARTHUR PLACE**  
**SANTA ANA CA 92707**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**V**  
**MURPHY, RICK**  
**20790 FERN CIRCLE**  
**YORBA LINDA CA 92686**

☐ Delete

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VP**  
**MORGAN, JEFF**  
**2975 REDHILL AVE.**  
**COSTA MESA CA 92626**

☒ Delete

☐ Change ☒ Addition  
**VICE PRESIDENT - FINANCE**  
**CHARLES L. DAVIS**  
**2 MACARTHUR PLACE**  
**SANTA ANA CA 92707**

**12. 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 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 all other like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/03**

Date

Daytime Phone #

CR2E034 (10/02)