

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001501

Entity Name: SOFTWARE AG, LLC

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

11190 SUNRISE VALLEY DR.
RESTON, VA 20191

New Principal Place of Business:

11700 PLAZA AMERICA DRIVE
SUITE 700
RESTON, VA 20190

Current Mailing Address:

11190 SUNRISE VALLEY DR.
RESTON, VA 20191

New Mailing Address:

11700 PLAZA AMERICA DRIVE
SUITE 700
RESTON, VA 20190

FEI Number: 54-2022582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAYO, HASKELL
Address: 11190 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

Title: MGR () Delete
Name: BUTLER, KATHERINE E
Address: 11190 SUNRISE VALLEY DRIVE
City-St-Zip: RESTON, VA 20191

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAYO, HASKELL
Address: 11700 PLAZA AMERICA DRIVE
City-St-Zip: RESTON, VA 20190

Title: MGR (X) Change () Addition
Name: BUTLER, KATHERINE E
Address: 11700 PLAZA AMERICA DRIVE
City-St-Zip: RESTON, VA 20190

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHERINE E BUTLER

MGR

04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date