2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001529

1. Entity Name
ABACUS SOFTWARE GROUP HOLDINGS, INC.

FILED
03 DEC 17 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
121 MIDDLESEX TPX
SUITE 201
BURLINGTON MA 01803

Mailing Address
~~C/O H.I.G. CAPITAL LLC~~
~~100 BRICKELL BAY DRIVE 27TH FLOOR~~
~~MIAMI FL 33131~~

2. Principal Place of Business	3. Mailing Address
	c/o Abacus Software Group, Inc
Suite, Apt. #, etc.	Suite, Apt. #, etc. 121 Middlesex Turnpike, #201
City & State	City & State Burlington MA
Zip / Country	Zip 01803 / Country

REINSTATEMENT 03

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~05-3924707~~ 65-1081294 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVENUE 28TH FLOOR
MIAMI FL 33131-1714

7. Name and Address of New Registered Agent

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 American Information Services, Inc. By: [signature] Nery C. Toledo, Asst. Sec. 12/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~FADIA, PRASHANT~~ ~~6805 CLUB RIDGE CIRCLE~~ ~~MEMPHIS TN 38115~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition — 84 Monument Farm Road, Concord MA 01742
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BERMAN, DOUGLAS~~ ~~100 BRICKELL BAY DRIVE, 27TH FL~~ MIAMI FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition — DIRECTOR, RICK ROSEN, 1001 Brickell Bay Drive, 27TH FL, Miami FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CFO~~ JAROSZ, JOSEPH 13 MEADOWSWEET RD WEST NEWBURY MA 01985 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition — DIRECTOR; 500002348235 09/30/03--01071--003 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHAH, BHAVESH 57 LAMPLIGHER LANE NORTH CHELMSFORD MA 01863 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition — 500002348235 10/21/03--01159--015 **200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 8/6/2003 781 273 0001 x206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)