

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2008 08:00 A
Secretary of State

DOCUMENT # P38647

1. Entity Name
PROGRESS SOFTWARE CORPORATION



Principal Place of Business
**14 OAK PARK DRIVE
BEDFORD, MA 01730**

Mailing Address
**14 OAK PARK DRIVE
BEDFORD, MA 01730**



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2746201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT 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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALSOP, JOSEPH W
STREET ADDRESS	16 THISSEL STREET
CITY-ST-ZIP	PRIDES CROSSING, MA 01965
TITLE	VT
NAME	ROBERTSON, NORMAN R.
STREET ADDRESS	243 MAIN STREET
CITY-ST-ZIP	GROTON, MA 01450
TITLE	VS
NAME	FREEDMAN, JAMES D.
STREET ADDRESS	32 MORAN CIRCLE
CITY-ST-ZIP	SUDBURY, MA 01776
TITLE	D
NAME	MCGREGOR, SCOTT A
STREET ADDRESS	21421 SARATOGA HILLS RD
CITY-ST-ZIP	SARATOGA, CA 95070
TITLE	D
NAME	RASIEL, AMRAM DR.
STREET ADDRESS	34 GALLISON AVE.
CITY-ST-ZIP	MARBLEHEAD, MA
TITLE	D
NAME	MARKS, MICHAEL L
STREET ADDRESS	284 SUMMER AVE
CITY-ST-ZIP	READING, MA 01867

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02/21/08-80002-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/08

Date

781-280-4000

Daytime Phone #