

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38647

FILED
Jan 14, 2009
Secretary of State

Entity Name: PROGRESS SOFTWARE CORPORATION

Current Principal Place of Business:

14 OAK PARK DRIVE
BEDFORD, MA 01730

New Principal Place of Business:

Current Mailing Address:

14 OAK PARK DRIVE
BEDFORD, MA 01730

New Mailing Address:

FEI Number: 04-2746201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALSOP, JOSEPH W
Address: 16 THISSEL STREET
City-St-Zip: PRIDES CROSSING, MA 01965

Title: VT () Delete
Name: ROBERTSON, NORMAN R.
Address: 243 MAIN STREET
City-St-Zip: GROTON, MA 01450

Title: VS () Delete
Name: FREEDMAN, JAMES D.
Address: 32 MORAN CIRCLE
City-St-Zip: SUDBURY, MA 01776

Title: D () Delete
Name: MCGREGOR, SCOTT A
Address: 21421 SARATOGA HILLS RD
City-St-Zip: SARATOGA, CA 95070

Title: D () Delete
Name: RASIEL, AMRAM DR.
Address: 34 GALLISON AVE.
City-St-Zip: MARBLEHEAD, MA

Title: D () Delete
Name: MARKS, MICHAEL L
Address: 284 SUMMER AVE
City-St-Zip: READING, MA 01867

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: ROBERTSON, NORMAN R
Address: 243 MAIN STREET
City-St-Zip: GROTON, MA 01450

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BYCOFF, BARRY N
Address: 14 OAK PARK
City-St-Zip: BEDFORD, MA 01730

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN R. ROBERTSON

VT

01/14/2009

Electronic Signature of Signing Officer or Director

Date