2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2007 08:00 A **DOCUMENT # P96000064620 Secretary of State** ALTAIR ENGINEERING, INC. Principal Place of Business Mailing Address 1350 WORTH COURT NE 1350 WORTH COURT NE PALM BAY, FL 32905 PALM BAY, FL 32905 02262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3400531 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, JULIANNE DO NOT WRITE 1350 WORTH COURT NE PALM BAY, FL 32905 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MILLER, WARREN H JR NAME STREET ADDRESS 1350 WORTH COURT NE CITY-ST-ZIP PALM BAY, FL 32905 U00000652015 03/12/07-80001-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 tilpe empowered.

SIGNATURE:

CITY-ST-ZIP TITLE Set of NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR