

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005220

Entity Name: MSC.SOFTWARE CORPORATION**Current Principal Place of Business:**4675 MACARTHUR CT., 9TH FLOOR
NEWPORT BEACH, CA 92660**Current Mailing Address:**4675 MACARTHUR CT., 9TH FLOOR
C/O TAX DEPARTMENT
NEWPORT BEACH, CA 92660 US**FEI Number:** 95-2239450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US*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**Officer/Director Detail :**

Title	CEO
Name	GALLELLO, DOMINIC
Address	4675 MACARTHUR CT., 9TH FLOOR
City-State-Zip:	NEWPORT BEACH CA 92660

Title	CFO
Name	RUBIN, KEVIN
Address	4675 MACARTHUR CT., 9TH FLOOR
City-State-Zip:	NEWPORT BEACH CA 92660

Title	SEC
Name	CAMPBELL, DOUGLAS
Address	4675 MACARTHUR CT., 9TH FLOOR C/O TAX DEPARTMENT
City-State-Zip:	NEWPORT BEACH CA 92660

Title	DIRECTOR
Name	WADHWANI, ROMESH
Address	4675 MACARTHUR CT., 9TH FLOOR C/O TAX DEPARTMENT
City-State-Zip:	NEWPORT BEACH CA 92660

Title	DIRECTOR
Name	CHATTERJEE, PALLAB
Address	4675 MACARTHUR CT., 9TH FLOOR C/O TAX DEPARTMENT
City-State-Zip:	NEWPORT BEACH CA 92660

Title	ASST. SECRETARY
Name	ZAND, SHAHDAD
Address	4675 MACARTHUR CT., 9TH FLOOR C/O TAX DEPARTMENT
City-State-Zip:	NEWPORT BEACH CA 92660

Title	DIRECTOR
Name	CHISHOLM, WILLIAM
Address	4675 MACARTHUR CT., 9TH FLOOR C/O TAX DEPARTMENT
City-State-Zip:	NEWPORT BEACH CA 92660

Title	DIRECTOR
Name	COHN, JESSE
Address	4675 MACARTHUR CT., 9TH FLOOR C/O TAX DEPARTMENT
City-State-Zip:	NEWPORT BEACH CA 92660

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I hereby 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 all other like empowered.

SIGNATURE: KEVIN RUBIN**CFO****04/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GALLELLO, DOMINIC
Address 4675 MACARTHUR CT., 9TH FLOOR
C/O TAX DEPARTMENT
City-State-Zip: NEWPORT BEACH CA 92660

Title DIRECTOR
Name CAPPUCCIO, FRANK J
Address 4675 MACARTHUR CT., 9TH FLOOR
C/O TAX DEPARTMENT
City-State-Zip: NEWPORT BEACH CA 92660

Title DIRECTOR
Name RIFF, RICHARD
Address 4675 MACARTHUR CT., 9TH FLOOR
C/O TAX DEPARTMENT
City-State-Zip: NEWPORT BEACH CA 92660