

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 PM 4:01

DOCUMENT # 849296 (9)
1. Corporation Name
SOFTWARE AG OF NORTH AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**11190 SUNRISE VALLEY DR.
RESTON VA 22091** **11190 SUNRISE VALLEY DR.
RESTON VA 22091**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/01/1981** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **54-0943991** Applied For
Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when handling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PCEO**
NAME **KING, MICHAEL J.**
STREET ADDRESS **11190 SUNRISE VALLEY DRIVE**
CITY - ST - ZIP **RESTON VA**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VP**
NAME **BARTHELMAN, BARRY M.**
STREET ADDRESS **11190 SUNRISE VALLEY DRIVE**
CITY - ST - ZIP **RESTON VA**

2.1 TITLE Change Addition
2.2 NAME **DELETE**
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VO**
NAME **CRIFE, WILLIAM P.**
STREET ADDRESS **11190 SUNRISE VALLEY DRIVE**
CITY - ST - ZIP **RESTON VA**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **S**
NAME **DALY, JAMES H.**
STREET ADDRESS **11190 SUNRISE VALLEY DRIVE**
CITY - ST - ZIP **RESTON VA**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **VP**
NAME **KUPERMAN, PHILLIPE**
STREET ADDRESS **11190 SUNRISE VALLEY DRIVE**
CITY - ST - ZIP **RESTON VA**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **T**
NAME **MCCREERY, HARRY K.**
STREET ADDRESS **11190 SUNRISE VALLEY DRIVE**
CITY - ST - ZIP **RESTON VA**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry McCreery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY K. MCCREERY

4/4/95 (703) 860-5050

Date Daytime Phone