

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 849296 (9)

1. Corporation Name
SOFTWARE AG OF NORTH AMERICA, INC.



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

3. Date Incorporated or Qualified: **06/01/1981** 3a. Date of Last Report: **04/21/1995**
4. FEI Number: **54-0943991** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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: _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, MICHAEL J.	1.2 NAME	
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	1.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIFE, WILLIAM P.	2.2 NAME	
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, JAMES H.	3.2 NAME	
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPERMAN, PHILLIPE	4.2 NAME	
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREERY, HARRY K.	5.2 NAME	
STREET ADDRESS	11190 SUNRISE VALLEY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 **Harry McCreery** **4/25/96** **703-860-5050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)