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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

SOFTWARE AG AMERICAS, INC.

FILED May 13 1998 8:00am Secretary of State



| | | | | | | -{ | | | ISI a mali is a. | |
|---|--|--|---------------------------|--------------------|--------------|---|-----------------|---------------|--------------------------------|--------|
| Principal Place of Business Mailing Address | | | | | | | *** ***** ***** | | 11) 4(8)(184(| |
| | SE VALLEY DR. | 11190 SUNRISE VALLEY DR. | | | | | | | | |
| RESTON VA | 22091 | RESTON VA 22091 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualified | | | |] |
| | | | | | | 06/01/1981 | | | | 1 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | I A | pplied For | 1 |
| 21 | | 26 | | | | 54-0943991 | | N | ot Applicable | 1 |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional | |
| 22 | | 27 | | | | o. Certificate of Status Desired | | | equired | |
| City & State | e | City & State | | | | 6. Election Campaign Financing | _ | | May Be | |
| 23 | 6 | 28 | | | | Trust Fund Contribution | <u> </u> | | to Fees | ⇃ |
| Zip | Country | Zip Country | | | | 8. This corporation owes or has paid the current year Intangible | | | | |
| 24 | 25 S. Name and Address of Curren | 29 Agent | 30 | | | Personal Properly Tax due June 30. X Yes No 10. Name and Address of New Flegistered Agent | | | | |
| | | it riegistered Agent | | 1 Na | me | to, Name and Address of New III | Aleteied V | yent | ······· | l |
| | T CORPORATION SYSTEM 00 S. PINE ISLAND RD. | | L | | | | | | | 1 |
| | ANTATION FL 33324 | | [* | 32 Str | eet Addr | Address (P.O. Box Number is Not Acceptable) | | | | |
| PLI | MINION FL 33324 | | l _i | 33 | | | | | | 1 |
| | | | L | | | | | | | 1 |
| | | | | 34 Cit | / | | FL | 85 Zip | Code | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607 1508, Florida Statut | es, the ab | ve-nar | ned corp | oration submits this statement for the | ourpose of | hanging i | its registered | 1 |
| office or r | egistered agent, or both, in the State mifamiliar with, and accept the obliga | of Florida. Such change was a itions of Section 607.0505. Flo | authorized orida Statu | by the tes. | corporati | oration submits this statement for the join's board of directors. I hereby acce | pt the appo | intment as | s registered | l |
| SIGNATURE | | | | | | | | | | 1 |
| | Signature, typied or printed name of registered age | | | Agent sign | ature requir | ed when reinstating) | DA1E | | | ۱ ۱ |
| 12. | OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | | | 18 |
| TITLE | 1.00 | | | 1.1 TIDLE | | | ι | Change | ☐ Addition | 1 |
| NAME | GILIS, DANIEL F | et. | 1.2 NAME | | | | | | | 3 |
| STREET ADDRESS | 11190 SUNRISE VALLEY DRIV RESTON VA | VC. | | .3 STREET ADDRESS | | | | | | Ų |
| CITY-ST-ZIP TITLE | RESTOR VA | X DELETE 21 TO | | '-\$1-ZIP | ┥; | 2001cthull C | | Change | Addition | 16 |
| NAME | DALY, JAMES H. | 4a beer | | 2.2 NAME | | Assistant S LEDOUX, R OBERT B. | | | | ľ |
| STREET ADDRESS | 11190 SUNRISE VALLEY DRIV | √F | | 2.3 STREET ADDRESS | | 1190 SUNRISE VALLEY | שעדשת | | | 1 |
| CITY-ST-ZIP | RESTON VA | '- | | Y - ST - ZIP | | ESTON VA | DICTATI | | | l |
| TITLE | DELFTE | | | 3.1 TITLE | | TOTON VA | | Change | Addition | 1 |
| NAME | MCCREERY, HARRY K. | | 3.2 NAN | IE | | | | | | |
| STREET ADDRESS | 11190 SUNRISE VALLEY DRIV | VE . | 3.3 STR | ET ADDRI | ss | | | | | |
| CITY-ST-ZIP | OPOTON III | | 3.4. CIT | 3.4. CITY-ST-7/P | | | | | | Į |
| TITLE | | DELETE | 4.1 TITL | | | | | Change | Addition | |
| NAME | | | 4. 2 NA | AE. | | | | | | |
| STREET ADDRESS | | | 4.3 S1R | ET ADDRE | ss | | | | | 1 |
| CITY-ST-ZIP | | | | -ST- <i>Z</i> IP | | | | | | |
| TITLE | | DELETE | 5.1 T(T). | E. | | | ī | Change | Addition | |
| NAME | | | 5.2 NAN | lE | | | | | | |
| STREET ADDRESS | | | 5.3 STR | EET ADDRI | SS | | | | | |
| CITY-ST-ZIP | | | | - ST - ZIP | | | | - | | ļ |
| TITLE | | DELETE | 61 TITL | | | | L | Change | ■ Addition | |
| NAME | | | 62 NAN | | | | | | | |
| STREET ADDRESS | | | | fet addri | SS | | | | | |
| CITY-ST-ZIP | | | 6.4 CIT | - S1 - Z(P | | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 restore empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.

ROBERT B. LEDOUX

4/28/98

(703)860-5050