

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003432

FILED
Sep 01, 2004
Secretary of State

Entity Name: EXACT SOFTWARE LATIN AMERICA, INC.

Current Principal Place of Business:

333 EAST CENTER STREET, P.O. BOX 1824
MARION, OH 433011824

New Principal Place of Business:

300 BRICKSTONE SQUARE
ANDOVER, MA 01810 US

Current Mailing Address:

333 EAST CENTER STREET, P.O. BOX 1824
MARION, OH 433011824

New Mailing Address:

300 BRICKSTONE SQUARE
ANDOVER, MA 01810 US

FEI Number: 31-1759460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPVT () Delete
Name: GREENEWEGEN, H.L.L.
Address: 333 EAST CENTER STREET, P.O. BOX 1824
City-St-Zip: MARION, OH 433011824

Title: VC (X) Delete
Name: KENT, JAMES P JR
Address: 333 EAST CENTER STREET, P.O. BOX 1824
City-St-Zip: MARION, OH 433011824

Title: S (X) Delete
Name: NELSON, CAROL
Address: 333 EAST CENTER STREET, P.O. BOX 1824
City-St-Zip: MARION, OH 433011824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CAMLIO, ADRIANA
Address: 150 SOUTH PINE ISLAND ROAD SUITE 410
City-St-Zip: PLANTATION, FL 33324 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADRIANA CAMILO

DP

09/01/2004

Electronic Signature of Signing Officer or Director

Date