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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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DIVISION OF CORPORATIONS  
05 AUG 15 PM 3:06

*R A Chang*

*08/18/05*

*DC*



August 12, 2005

FLORIDA SECRETARY OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **EXACT SOFTWARE LATIN AMERICA, INC.**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #8993 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

A handwritten signature in black ink, appearing to be 'MS'.

Myra Simmons  
Registered Agent Services  
Enclosures

PO BOX 1831  
AUSTIN, TX, 78767

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EXCSOFTWARE LATIN AMERICA, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** F03000003432

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Simmons  
(Name of person)

CAPITOL CORPORATE SERVICES, INC.  
(Name of firm/company)

P.O. BOX 1831  
(Address)

AUSTIN, TX 78767  
(City/state and zip code)

For further information concerning this matter, please call:

Myra Simmons at ( 800 ) 345-4647  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EXACT SOFTWARE LATIN AMERICA, INC.

2. The principal office address: 300 Brickstone Square, 10th Floor, Andover, MA 01810

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/10/2003 Document number: F03000003432

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.  
1333 North Duval St.  
(P.O. Box or personal mailbox NOT acceptable)  
Tallahassee, FL 32303

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

BAMaloney  
(Signature of an officer or director)

Beth A. Maloney Secretary  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

DeLanie Case  
(Signature of Registered Agent)

8-12-05  
(Date)

If signing on behalf of an entity:

DeLanie Case  
(Typed or Printed Name)

Asst. Sec.  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314