

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001614

Entity Name: ADVENT SOFTWARE, INC.

Current Principal Place of Business:

600 TOWNSEND ST
SUITE 500
SAN FRANCISCO, CA 94103

Current Mailing Address:

600 TOWNSEND ST
SUITE 500 TAX DEPT.
SAN FRANCISCO, CA 94103

FEI Number: 94-2901952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title CFO
Name COX, JAMES
Address 600 TOWNSEND ST
City-State-Zip: SAN FRANCISCO CA 94103

Title CEO
Name HESS, PETER
Address 600 TOWNSEND ST
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR, CHAIR OF THE BOARD
Name DIMARCO, STEPHANIE G.
Address 600 TOWNSEND ST
SUITE 500
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name HESS, PETER
Address 600 TOWNSEND ST
SUITE 500
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name HIRJI, ASIFF S.
Address 600 TOWNSEND ST
SUITE 500,
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name KIRSNER, JAMES D
Address 600 TOWNSEND ST
SUITE 500
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name TARKOFF, ROBERT M.
Address 600 TOWNSEND ST
SUITE 500
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name VAN AUKEN, WENDELL G.
Address 600 TOWNSEND ST
SUITE 500
City-State-Zip: SAN FRANCISCO CA 94103

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I hereby 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 all other like empowered.

SIGNATURE: JAMES COX

CFO

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title EVP & CTO
Name GOTTULA, TOD
Address 600 TOWNSEND ST
 SUITE 500, TAX DEPT.
City-State-Zip: SAN FRANCISCO CA 94103

Title EVP
Name SPERLING, ANTHONY
Address 600 TOWNSEND ST
 SUITE 500, TAX DEPT.
City-State-Zip: SAN FRANCISCO CA 94103

Title EVP
Name MOMSEN, CHRIS
Address 600 TOWNSEND ST
 SUITE 500, TAX DEPT.
City-State-Zip: SAN FRANCISCO CA 94103

Title DIRECTOR
Name FRANSEN, MICHAEL L
Address 600 TOWNSEND ST
 SUITE 500
City-State-Zip: SAN FRANCISCO CA 94103