

1.) CORPORATION NAME:

The Ultimate Software Group, Inc.

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1405044**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 ULTIMATE WAY

CITY/ST/ZIP: WESTON, FL 33326

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT SCHERR	
TITLE:	P/CEO/CHM	
ADDRESS:	2000 ULTIMATE WAY	
CITY/ST/ZIP/CO:	WESTON, FL 33326	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	VIVIAN MAZA	
TITLE:	S/VP	
ADDRESS:	2000 ULTIMATE WAY	
CITY/ST/ZIP/CO:	WESTON, FL 33326	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FRANK P SATALINO	
TITLE:	VICE PRESIDENT	
ADDRESS:	1485 NORTH PARK DRIVE	
CITY/ST/ZIP/CO:	WESTON, FL 33326-3215	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MITCHELL K DAUERMAN	
TITLE:	T/CFO/EVP	
ADDRESS:	2000 ULTIMATE WAY	
CITY/ST/ZIP/CO:	WESTON, FL 33326	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARC D SCHERR	
TITLE:	V CHRNM/COO	
ADDRESS:	2000 ULTIMATE WAY	
CITY/ST/ZIP/CO:	WESTON, FL 33326	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES A FITZPATRICK JR	
TITLE:	DIRECTOR	
ADDRESS:	2000 ULTIMATE WAY	
CITY/ST/ZIP/CO:	WESTON, FL 33326	

NAME: ALOIS T LEITER TITLE: DIRECTOR ADDRESS: 2000 ULTIMATE WAY CITY/ST/ZIP/CO: WESTON, FL 33326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEROY A VANDER PUTTEN TITLE: DIRECTOR ADDRESS: 2000 ULTIMATE WAY CITY/ST/ZIP/CO: WESTON, FL 33326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICK A WILBER TITLE: DIRECTOR ADDRESS: 2000 ULTIMATE WAY CITY/ST/ZIP/CO: WESTON, FL 33326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT A YANOVER TITLE: DIRECTOR ADDRESS: 2000 ULTIMATE WAY CITY/ST/ZIP/CO: WESTON, FL 33326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ FRANK P SATALINO _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRANK P SATALINO, VICE PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
12/16/2015 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	