

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213548337

1.) CORPORATION NAME:

HYLAND SOFTWARE, INC.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1877275**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 28500 CLEMENS RD

CITY/ST/ZIP: WESTLAKE, OH 44145

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 type="checkbox"/> DIRECTOR
NAME:	BILL PRIEMER		
TITLE:	PRESIDENT		
ADDRESS:	28500 CLEMENS ROAD		
CITY/ST/ZIP/CO:	WESTLAKE, OH 44145		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER J HYLAND		
TITLE:	CFO/EVP		
ADDRESS:	28500 CLEMENS ROAD		
CITY/ST/ZIP/CO:	WESTLAKE, OH 44145		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JIM LINES		
TITLE:	DIRECTOR		
ADDRESS:	28500 CLEMENS ROAD		
CITY/ST/ZIP/CO:	WESTLAKE, OH 44145		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ORLANDO BRAVO		
TITLE:	DIRECTOR		
ADDRESS:	28500 CLEMENS ROAD		
CITY/ST/ZIP/CO:	WESTLAKE, OH 44145		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RODNEY POSKOCHIL		
TITLE:	DIRECTOR		
ADDRESS:	28500 CLEMENS ROAD		
CITY/ST/ZIP/CO:	WESTLAKE, OH 44145		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SETH BORO		
TITLE:	DIRECTOR		
ADDRESS:	28500 CLEMENS ROAD		
CITY/ST/ZIP/CO:	WESTLAKE, OH 44145		

NAME: A.J. HYLAND TITLE: DIRECTOR ADDRESS: 28500 CLEMENS ROAD CITY/ST/ZIP/CO: WESTLAKE, OH 44145	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MIGUEL ZUBIZARRETA TITLE: EVP ADDRESS: 28500 CLEMENS ROAD CITY/ST/ZIP/CO: WESTLAKE, OH 44145	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARCEL BERNARD TITLE: DIRECTOR ADDRESS: 28500 CLEMENS ROAD CITY/ST/ZIP/CO: WESTLAKE, OH 44145	<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/ CHRISTOPHER JHYLAND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER JHYLAND, PRINTED NAME AND CORPORATE TITLE	10/17/2013 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.		