

CERTIFICATE OF INTERESTED PARTIES**FORM 1295**

1 of 2

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Superion, LLC
lake Mary, FL United States

Certificate Number:
2019-530244

Date Filed:
08/19/2019

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Collin County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

20051053
Software Maintenance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	SuperMoose NewCo, Inc.	Lake Mary, FL United States	X	
	SuperMoose Holdco, LLC	Lake Mary, FL United States	X	
	CentralSquare Technologies, LLC	Lake Mary, FL United States	X	
	VEPF VI AIV I, Corp.	San Francisco, CA United States	X	
	VEPF SuperMoose Holdings, LLC	San Francisco, CA United States	X	
	Vista Equity Partners Fund VI, L.P.	San Francisco, CA United States	X	
	Vista Equity Partners Fund VI-A, L.P.	San Francisco, CA United States	X	
	Bain Capital Fund XII, L.P.	Boston, MA United States	X	
	Ramundsen Holdings, LLC	Lake Mary, FL United States	X	
	Ramundsen Intermediate Holdings, LLC	Lake Mary, FL United States	X	
	Ramundsen Superior Holdings, LLC	Lake Mary, FL United States	X	
	Ramundsen Topco, LLC	Lake Mary, FL United States	X	
	Surminsky, Brad	Lake Mary, FL United States	X	
	Angove, Simon	Lake Mary, FL United States	X	

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5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Brad Surminsky, and my date of birth is [REDACTED].

My address is [REDACTED] (street), [REDACTED] (city), [REDACTED] (state), [REDACTED] (zip code), [REDACTED] (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Seminole County, State of Florida, on the 19 day of August, 2019.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)