

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FOLIAGE SOFTWARE SYSTEMS, INC. 168 MIDDLESEX TURNPIKE BURLINGTON, MA 01803	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	02/01/1992	
	2b Employer Identification Number (EIN)	04-3159004	
	2c Sponsor's telephone number	781-993-5500	
	2d Business code (see instructions)	541511	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2010	ANGELA WANG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FOLIAGE SOFTWARE SYSTEMS, INC. 168 MIDDLESEX TURNPIKE BURLINGTON, MA 01803	3b Administrator's EIN 04-3159004 3c Administrator's telephone number 781-993-5500
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	114
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	68
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	41
d Subtotal. Add lines 6a , 6b , and 6c	6d	109
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	109
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	104
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	5

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOLIAGE SOFTWARE SYSTEMS, INC.	D Employer Identification Number (EIN) 04-3159004	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARTFORD RETIREMENT SERVICES, LLC
26-1589907

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 25 37 50 52 59 60 62 63 64	0	18159	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FOLIAGE SOFTWARE SYSTEMS, INC.				D Employer Identification Number (EIN) 04-3159004	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED FUND					
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY					
c EIN-PN 23-2852249-002		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1149215	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FOLIAGE SOFTWARE SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>04-3159004</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22854	0
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	201292	214987
	(9) Value of interest in common/collective trusts	1c(9)	0	1149215
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8038178	9563608
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8262324	10927810

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8262324	10927810
---	-----------	---------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	85440	
(B) Participants	2a(1)(B)	817618	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		903058
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	15595	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15595
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	193838	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		193838
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		19766
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1927596
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3059853

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	376208	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		376208
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	18159	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18159
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		394367

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2665486
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PARENT, MCLAUGHLIN AND NANGLE, CPAS

(2) EIN: 04-2603383

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FOLIAGE SOFTWARE SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>04-3159004</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-0974148</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

(With Independent Auditor's Report Thereon)



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INDEPENDENT AUDITOR'S REPORT

TRUSTEES
FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN
Burlington, Massachusetts

We were engaged to audit the accompanying statement of net assets available for benefits of Foliage Software Systems, Inc. 401(k) Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of Foliage Software Systems, Inc. 401(k) Plan as of December 31, 2008, and in our report dated July 28, 2009, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Foliage Software Systems, Inc. 401(k) Plan as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

Certified Public Accountants, Inc.

July 30, 2010

Parent, McLaughlin & Nangle
Certified Public Accountants, Inc.

160 Federal Street
Boston, MA 02110-1713
617/426-9440
Fax No. 617/423-3955

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Raynham, MA 02767-1071
508/880-4955
Fax No. 508/823-6976

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31</u>	
	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
INVESTMENTS, at fair value:		
Registered investment companies	\$ 9,563,608	\$ 6,808,027
Common trust fund	1,091,295	1,157,651
Loans to participants	<u>214,987</u>	<u>201,292</u>
TOTAL ASSETS	<u>\$ 10,869,890</u>	<u>\$ 8,166,970</u>
NET ASSETS AVAILABLE FOR BENEFITS, at fair value	\$ 10,869,890	\$ 8,166,970
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>57,920</u>	<u>95,354</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,927,810</u>	<u>\$ 8,262,324</u>

The accompanying notes are an integral part of these financial statements.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31	
	2009	2008
ADDITIONS (REDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 2,142,822	(\$ 3,389,142)
Interest income - investments	-	744
Interest income - loans to participants	15,595	14,638
	<u>2,158,417</u>	<u>(3,373,760)</u>
Contributions:		
Participant	817,618	905,535
Employer	85,440	226,387
Rollovers	-	47,026
	<u>903,058</u>	<u>1,178,948</u>
TOTAL ADDITIONS (REDUCTIONS)	<u>3,061,475</u>	<u>(2,194,812)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	377,830	2,048,861
Administrative expenses	18,159	-
TOTAL DEDUCTIONS	<u>395,989</u>	<u>2,048,861</u>
NET INCREASE (DECREASE)	2,665,486	(4,243,673)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	8,262,324	12,505,997
End of year	<u>\$ 10,927,810</u>	<u>\$ 8,262,324</u>

The accompanying notes are an integral part of these financial statements.



FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

A. Description of Plan:

The following description of the Foliage Software Systems, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering substantially all employees of Foliage Software System, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Hartford Retirement Services, LLC was the plan administrator and recordkeeper for the year ended December 31, 2009. Whitney Pension Associates, Inc. was the plan administrator and Hartford Retirement Services, LLC was the plan recordkeeper for the year ended December 31, 2008.

Eligibility:

Substantially all employees of the Company 21 years of age or older are eligible to participant in the Plan. An employee becomes a participant in the Plan on the earlier of January 1st, April 1st, July 1st, or October 1st after satisfying the age requirement.

Contributions:

Each year, participants may contribute to the Plan a percentage of pretax annual compensation, as defined in the Plan, up to the maximum allowable under the provisions of the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified retirement plans or individual retirement accounts. The Company's contributions to the Plan are determined by its Board of Directors but the amounts contributed cannot exceed the maximum amounts permissible under the provisions of the Internal Revenue Code. Employees' salary deferred contributions may be matched by the Company in accordance with the provisions of the Plan. During June 2009, the Company suspended its matching contribution to the Plan. In addition, the Company may make a discretionary contribution to the Plan. There were no discretionary contributions to the Plan for either 2009 or 2008.

Participants direct the investment of their contributions and the Company's contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a common trust fund as investment options for participants.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

A. Description of Plan – (continued):

Participant accounts:

A separate account is maintained for each participant. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution, (b) the Company's discretionary contribution, if any, and (c) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are vested immediately in their salary-deferred contributions and rollover contributions, if any, plus actual earnings thereon. Vesting in the Company's matching contributions and discretionary contribution, if any, and earnings thereon, is based on years of continuous service. A participant is 100% vested after three years of continuous service as defined in the Plan, or upon permanent disability or death.

Participant loans:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with prevailing market rates for loans made under similar circumstances as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of benefits:

Upon retirement or disability, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount. Terminated participants may elect to receive a lump-sum amount equal to the value of his or her vested account or may elect to leave such amount invested within the Plan. The Plan may also automatically distribute to terminated participants their entire vested account balances not exceeding \$1,000 (involuntary cash-out). Upon death, a lump sum amount or substantially equal installments is paid to the participant's beneficiary.

Forfeited accounts:

At December 31, 2009 and 2008, forfeited non-vested accounts amounted to \$14,452 and \$22,854, respectively. These accounts may be used to pay administrative expenses, and then any remaining amount will be allocated to eligible participants, as defined. For the year ended December 31, 2009, administrative expenses were reduced by \$18,159 from forfeited non-vested accounts. For the year ended December 31, 2008, employer contributions were increased by \$20,215 from forfeited non-vested accounts.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

B. Summary of Significant Accounting Policies:

Basis of accounting:

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits presents the fair value of investment in the common trust, as well as the adjustment of the investment in the common trust from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefits are recorded when paid.

Administration expenses:

Administration expenses relating to the Plan which are not paid by forfeited accounts are paid by the Company. However, certain expenses, including loan processing fees, are paid for by the individual participant.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

B. Summary of Significant Accounting Policies – (continued):

Subsequent events:

Subsequent events have been evaluated through July 30, 2010, which is the date the financial statements were available to be issued.

C. Information Certified by the Trustee:

Reliance Trust Company, the Plan trustee, for the year ended December 31, 2009 has certified, for the applicable period, the investment assets, transactions and income set forth herein.

Investments held and certified by the trustee consist of the following at December 31, 2009:

Registered investment companies:

AllianceBernstein Intl Val A	\$ 308,935
Allianz NFJ Dividend Value A	451,201
Allianz RCM Technology A	32,153
American Funds Cap Wld Gr&Inc R4	432,337
American Funds EuroPacific R4	417,739
American Funds Growth Fund R4	825,268 *
Columbia Acorn A	1,007,811 *
Davis New York Venture A	739,620 *
Dreyfus Basic S&P 500 Stock Index	549,144 *
Franklin Small Cap Value A	369,564
Harbor Capital Appreciation Inv	595,673 *
Lazard Emerging Markets Open	337,239
MFS Aggressive Growth Allocation R3	193,183
MFS Conservative Allocation R3	172,724
MFS Growth Allocation R3	935,385 *
MFS International Diversification R3	372,236
MFS Moderate Allocation R3	98,950
PIMCO Low Duration A	530,210
PIMCO Total Return Inst	1,194,236 *
Total registered investment companies	9,563,608
Fixed Fund Institutional (common trust fund) **	1,149,215 *
Participant loans	214,987
	<u>\$ 10,927,810</u>

* Investment in excess of 5% of net assets available for benefits.

** The common trust fund is reported at contract value above. The fair value was \$1,091,295 at December 31, 2009.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

C. Information Certified by the Trustee – (continued):

The trustee also certified to the completeness and accuracy of \$2,142,822 of net appreciation in fair value of investments, and \$15,595 of interest income related to the aforementioned investments for the year ended December 31, 2009.

D. Investments:

The following presents investments that represent 5 percent or more of the Plan's net assets at December 31, 2008:

American Funds Growth Fund R4	\$ 571,968
Columbia Acorn A	676,957
Davis New York Venture A	503,736
MFS Growth Allocation R3	627,079
PIMCO Total Return Inst	1,140,769
Fixed Fund Institutional	1,253,005

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in fair value for the year ended December 31, 2008 is shown below:

Registered investment companies	(\$ 3,441,154)
Common trust fund	52,012
	<u>(\$ 3,389,142)</u>

E. Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

E. Fair Value Measurements – (continued):

- Level 2 Inputs to the valuation methodology include: a) quoted prices for similar assets or liabilities in active markets; b) quoted prices for identical or similar assets or liabilities in inactive markets; c) inputs other than quoted prices that are observable for the asset or liability; and d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the plan at year end. This includes registered investment companies and money market funds.

Participant Loans: Valued at amortized cost, which approximates fair value.

Common Trust Fund: Valued at fair value of the common trust's underlying investments as based on information reported by the investment advisor using the audited financial statements of the common trust fund at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

E. Fair Value Measurements – (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value measured on a recurring basis as of December 31, 2009 and 2008:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
December 31, 2009				
Mutual funds	\$ 9,563,608	\$ -	\$ -	\$ 9,563,608
Common trust fund	-	-	1,091,295	1,091,295
Participant loans	-	-	214,987	214,987
	<u>\$ 9,563,608</u>	<u>\$ -</u>	<u>\$ 1,306,282</u>	<u>\$ 10,869,890</u>
December 31, 2008				
Mutual funds	\$ 6,808,027	\$ -	\$ -	\$ 6,808,027
Common trust fund	-	-	1,157,651	1,157,651
Participant loans	-	-	201,292	201,292
	<u>\$ 6,808,027</u>	<u>\$ -</u>	<u>\$ 1,358,943</u>	<u>\$ 8,166,970</u>

The following table sets forth a summary of changes in fair value of the Plan's level 3 assets for the year ended December 31, 2009:

	Common Trust Fund	Participant Loans	Total
Balance, beginning of year	\$ 1,157,651	\$ 201,292	\$ 1,358,943
Net realized and unrealized gains/ (losses)	19,406	-	19,406
Purchases, sales, transfers, and settlements, net	(85,762)	-	(85,762)
Loan disbursements	-	78,971	78,971
Principal repayments and offsets	-	(65,276)	(65,276)
Balance, end of year	<u>\$ 1,091,295</u>	<u>\$ 214,987</u>	<u>\$ 1,306,282</u>

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

F. Related-Party Transactions:

On March 1, 2008, The Hartford Financial Services Group, Inc. (The Hartford) acquired Sun Life Retirement Services (U.S.) Inc. (RSI). RSI is now operating as Hartford Retirement Services, LLC (HRS). The Massachusetts Financial Services Company (MFS) a subsidiary of Sun Life continued to provide services to HRS through 2008 during the transition to The Hartford. Certain Plan investments are shares of mutual funds managed by MFS, an affiliate of The Hartford. Transactions with these entities qualify as party-in-interest transactions. Fees paid to HRS for services in connection with the Plan are paid by the Company.

G. Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

H. Tax Status:

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

I. Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

SUPPLEMENTAL SCHEDULES

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER (EIN): 04-3159004 PLAN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AllianceBernstein Intl Val A	Mutual Fund	**	\$ 308,935
	Allianz NFJ Dividend Value A	Mutual Fund	**	451,201
	Allianz RCM Technology A	Mutual Fund	**	32,153
	American Funds Cap Wld Gr&Inc R4	Mutual Fund	**	432,337
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	Davis New York Venture A	Mutual Fund	**	739,620
	Dreyfus Basic S&P 500 Stock Index	Mutual Fund	**	549,144
	Franklin Small Cap Value A	Mutual Fund	**	369,564
	Harbor Capital Appreciation Inv	Mutual Fund	**	595,673
	Lazard Emerging Markets Open	Mutual Fund	**	337,239
*	MFS Aggressive Growth Allocation R3	Mutual Fund	**	193,183
*	MFS Conservative Allocation R3	Mutual Fund	**	172,724
*	MFS Growth Allocation R3	Mutual Fund	**	935,385
*	MFS International Diversification R3	Mutual Fund	**	372,236
*	MFS Moderate Allocation R3	Mutual Fund	**	98,950
	PIMCO Low Duration A	Mutual Fund	**	530,210
	PIMCO Total Return Inst	Mutual Fund	**	1,194,236
				<u>9,563,608</u>
*	Fixed Fund Institutional	Common Trust Fund	**	1,149,215 ***
*	Participant Loans	Notes with interest rates ranging from 4.25% to 10.50%	-0-	214,987
			<u>-0-</u>	<u>\$ 10,927,810</u>

* Party-in-interest

** Not required for participant-directed individual account plan

*** Represents contract value. The fair value of this investment was \$1,091,295 as of December 31, 2009.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER (EIN): 04-3159004 PLAN 001

SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

YEAR ENDED DECEMBER 31, 2009

(a) Identity of issuer, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
Participant loans	Interest rates ranging from 4.25% to 10.50%	\$ -0-	\$ -0-

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

(With Independent Auditor's Report Thereon)



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INDEPENDENT AUDITOR'S REPORT

TRUSTEES
FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN
Burlington, Massachusetts

We were engaged to audit the accompanying statement of net assets available for benefits of Foliage Software Systems, Inc. 401(k) Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of Foliage Software Systems, Inc. 401(k) Plan as of December 31, 2008, and in our report dated July 28, 2009, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Foliage Software Systems, Inc. 401(k) Plan as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

Certified Public Accountants, Inc.

July 30, 2010

Parent, McLaughlin & Nangle
Certified Public Accountants, Inc.

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Boston, MA 02110-1713
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Fax No. 617/423-3955

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FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31</u>	
	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
INVESTMENTS, at fair value:		
Registered investment companies	\$ 9,563,608	\$ 6,808,027
Common trust fund	1,091,295	1,157,651
Loans to participants	214,987	201,292
TOTAL ASSETS	<u>\$ 10,869,890</u>	<u>\$ 8,166,970</u>
NET ASSETS AVAILABLE FOR BENEFITS, at fair value	\$ 10,869,890	\$ 8,166,970
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>57,920</u>	<u>95,354</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,927,810</u>	<u>\$ 8,262,324</u>

The accompanying notes are an integral part of these financial statements.



FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31	
	2009	2008
ADDITIONS (REDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 2,142,822	(\$ 3,389,142)
Interest income - investments	-	744
Interest income - loans to participants	15,595	14,638
	<u>2,158,417</u>	<u>(3,373,760)</u>
Contributions:		
Participant	817,618	905,535
Employer	85,440	226,387
Rollovers	-	47,026
	<u>903,058</u>	<u>1,178,948</u>
TOTAL ADDITIONS (REDUCTIONS)	<u>3,061,475</u>	<u>(2,194,812)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	377,830	2,048,861
Administrative expenses	18,159	-
TOTAL DEDUCTIONS	<u>395,989</u>	<u>2,048,861</u>
NET INCREASE (DECREASE)	2,665,486	(4,243,673)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	8,262,324	12,505,997
End of year	<u>\$ 10,927,810</u>	<u>\$ 8,262,324</u>

The accompanying notes are an integral part of these financial statements.



FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

A. Description of Plan:

The following description of the Foliage Software Systems, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering substantially all employees of Foliage Software System, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Hartford Retirement Services, LLC was the plan administrator and recordkeeper for the year ended December 31, 2009. Whitney Pension Associates, Inc. was the plan administrator and Hartford Retirement Services, LLC was the plan recordkeeper for the year ended December 31, 2008.

Eligibility:

Substantially all employees of the Company 21 years of age or older are eligible to participant in the Plan. An employee becomes a participant in the Plan on the earlier of January 1st, April 1st, July 1st, or October 1st after satisfying the age requirement.

Contributions:

Each year, participants may contribute to the Plan a percentage of pretax annual compensation, as defined in the Plan, up to the maximum allowable under the provisions of the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified retirement plans or individual retirement accounts. The Company's contributions to the Plan are determined by its Board of Directors but the amounts contributed cannot exceed the maximum amounts permissible under the provisions of the Internal Revenue Code. Employees' salary deferred contributions may be matched by the Company in accordance with the provisions of the Plan. During June 2009, the Company suspended its matching contribution to the Plan. In addition, the Company may make a discretionary contribution to the Plan. There were no discretionary contributions to the Plan for either 2009 or 2008.

Participants direct the investment of their contributions and the Company's contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a common trust fund as investment options for participants.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

A. Description of Plan – (continued):

Participant accounts:

A separate account is maintained for each participant. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution, (b) the Company's discretionary contribution, if any, and (c) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are vested immediately in their salary-deferred contributions and rollover contributions, if any, plus actual earnings thereon. Vesting in the Company's matching contributions and discretionary contribution, if any, and earnings thereon, is based on years of continuous service. A participant is 100% vested after three years of continuous service as defined in the Plan, or upon permanent disability or death.

Participant loans:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with prevailing market rates for loans made under similar circumstances as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of benefits:

Upon retirement or disability, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount. Terminated participants may elect to receive a lump-sum amount equal to the value of his or her vested account or may elect to leave such amount invested within the Plan. The Plan may also automatically distribute to terminated participants their entire vested account balances not exceeding \$1,000 (involuntary cash-out). Upon death, a lump sum amount or substantially equal installments is paid to the participant's beneficiary.

Forfeited accounts:

At December 31, 2009 and 2008, forfeited non-vested accounts amounted to \$14,452 and \$22,854, respectively. These accounts may be used to pay administrative expenses, and then any remaining amount will be allocated to eligible participants, as defined. For the year ended December 31, 2009, administrative expenses were reduced by \$18,159 from forfeited non-vested accounts. For the year ended December 31, 2008, employer contributions were increased by \$20,215 from forfeited non-vested accounts.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

B. Summary of Significant Accounting Policies:

Basis of accounting:

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits presents the fair value of investment in the common trust, as well as the adjustment of the investment in the common trust from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefits are recorded when paid.

Administration expenses:

Administration expenses relating to the Plan which are not paid by forfeited accounts are paid by the Company. However, certain expenses, including loan processing fees, are paid for by the individual participant.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

B. Summary of Significant Accounting Policies – (continued):

Subsequent events:

Subsequent events have been evaluated through July 30, 2010, which is the date the financial statements were available to be issued.

C. Information Certified by the Trustee:

Reliance Trust Company, the Plan trustee, for the year ended December 31, 2009 has certified, for the applicable period, the investment assets, transactions and income set forth herein.

Investments held and certified by the trustee consist of the following at December 31, 2009:

Registered investment companies:

AllianceBernstein Intl Val A	\$	308,935
Allianz NFJ Dividend Value A		451,201
Allianz RCM Technology A		32,153
American Funds Cap Wld Gr&Inc R4		432,337
American Funds EuroPacific R4		417,739
American Funds Growth Fund R4		825,268 *
Columbia Acorn A		1,007,811 *
Davis New York Venture A		739,620 *
Dreyfus Basic S&P 500 Stock Index		549,144 *
Franklin Small Cap Value A		369,564
Harbor Capital Appreciation Inv		595,673 *
Lazard Emerging Markets Open		337,239
MFS Aggressive Growth Allocation R3		193,183
MFS Conservative Allocation R3		172,724
MFS Growth Allocation R3		935,385 *
MFS International Diversification R3		372,236
MFS Moderate Allocation R3		98,950
PIMCO Low Duration A		530,210
PIMCO Total Return Inst		1,194,236 *
Total registered investment companies		9,563,608
Fixed Fund Institutional (common trust fund) **		1,149,215 *
Participant loans		214,987
	\$	<u>10,927,810</u>

* Investment in excess of 5% of net assets available for benefits.

** The common trust fund is reported at contract value above. The fair value was \$1,091,295 at December 31, 2009.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

C. Information Certified by the Trustee – (continued):

The trustee also certified to the completeness and accuracy of \$2,142,822 of net appreciation in fair value of investments, and \$15,595 of interest income related to the aforementioned investments for the year ended December 31, 2009.

D. Investments:

The following presents investments that represent 5 percent or more of the Plan's net assets at December 31, 2008:

American Funds Growth Fund R4	\$ 571,968
Columbia Acorn A	676,957
Davis New York Venture A	503,736
MFS Growth Allocation R3	627,079
PIMCO Total Return Inst	1,140,769
Fixed Fund Institutional	1,253,005

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in fair value for the year ended December 31, 2008 is shown below:

Registered investment companies	(\$ 3,441,154)
Common trust fund	52,012
	<u>(\$ 3,389,142)</u>

E. Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

E. Fair Value Measurements – (continued):

- Level 2 Inputs to the valuation methodology include: a) quoted prices for similar assets or liabilities in active markets; b) quoted prices for identical or similar assets or liabilities in inactive markets; c) inputs other than quoted prices that are observable for the asset or liability; and d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the plan at year end. This includes registered investment companies and money market funds.

Participant Loans: Valued at amortized cost, which approximates fair value.

Common Trust Fund: Valued at fair value of the common trust's underlying investments as based on information reported by the investment advisor using the audited financial statements of the common trust fund at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

E. Fair Value Measurements – (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value measured on a recurring basis as of December 31, 2009 and 2008:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
December 31, 2009				
Mutual funds	\$ 9,563,608	\$ -	\$ -	\$ 9,563,608
Common trust fund	-	-	1,091,295	1,091,295
Participant loans	-	-	214,987	214,987
	<u>\$ 9,563,608</u>	<u>\$ -</u>	<u>\$ 1,306,282</u>	<u>\$ 10,869,890</u>
December 31, 2008				
Mutual funds	\$ 6,808,027	\$ -	\$ -	\$ 6,808,027
Common trust fund	-	-	1,157,651	1,157,651
Participant loans	-	-	201,292	201,292
	<u>\$ 6,808,027</u>	<u>\$ -</u>	<u>\$ 1,358,943</u>	<u>\$ 8,166,970</u>

The following table sets forth a summary of changes in fair value of the Plan's level 3 assets for the year ended December 31, 2009:

	Common Trust Fund	Participant Loans	Total
Balance, beginning of year	\$ 1,157,651	\$ 201,292	\$ 1,358,943
Net realized and unrealized gains/ (losses)	19,406	-	19,406
Purchases, sales, transfers, and settlements, net	(85,762)	-	(85,762)
Loan disbursements	-	78,971	78,971
Principal repayments and offsets	-	(65,276)	(65,276)
Balance, end of year	<u>\$ 1,091,295</u>	<u>\$ 214,987</u>	<u>\$ 1,306,282</u>

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

(Continued)

F. Related-Party Transactions:

On March 1, 2008, The Hartford Financial Services Group, Inc. (The Hartford) acquired Sun Life Retirement Services (U.S.) Inc. (RSI). RSI is now operating as Hartford Retirement Services, LLC (HRS). The Massachusetts Financial Services Company (MFS) a subsidiary of Sun Life continued to provide services to HRS through 2008 during the transition to The Hartford. Certain Plan investments are shares of mutual funds managed by MFS, an affiliate of The Hartford. Transactions with these entities qualify as party-in-interest transactions. Fees paid to HRS for services in connection with the Plan are paid by the Company.

G. Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

H. Tax Status:

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

I. Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

SUPPLEMENTAL SCHEDULES

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER (EIN): 04-3159004 PLAN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AllianceBernstein Intl Val A	Mutual Fund	**	\$ 308,935
	Allianz NFJ Dividend Value A	Mutual Fund	**	451,201
	Allianz RCM Technology A	Mutual Fund	**	32,153
	American Funds Cap Wld Gr&Inc R4	Mutual Fund	**	432,337
	American Funds EuroPacific R4	Mutual Fund	**	417,739
	American Funds Growth Fund R4	Mutual Fund	**	825,268
	Columbia Acorn A	Mutual Fund	**	1,007,811
	Davis New York Venture A	Mutual Fund	**	739,620
	Dreyfus Basic S&P 500 Stock Index	Mutual Fund	**	549,144
	Franklin Small Cap Value A	Mutual Fund	**	369,564
	Harbor Capital Appreciation Inv	Mutual Fund	**	595,673
	Lazard Emerging Markets Open	Mutual Fund	**	337,239
*	MFS Aggressive Growth Allocation R3	Mutual Fund	**	193,183
*	MFS Conservative Allocation R3	Mutual Fund	**	172,724
*	MFS Growth Allocation R3	Mutual Fund	**	935,385
*	MFS International Diversification R3	Mutual Fund	**	372,236
*	MFS Moderate Allocation R3	Mutual Fund	**	98,950
	PIMCO Low Duration A	Mutual Fund	**	530,210
	PIMCO Total Return Inst	Mutual Fund	**	1,194,236
				<u>9,563,608</u>
*	Fixed Fund Institutional	Common Trust Fund	**	1,149,215 ***
*	Participant Loans	Notes with interest rates ranging from 4.25% to 10.50%	-0-	214,987
			<u>-0-</u>	<u>\$ 10,927,810</u>

* Party-in-interest

** Not required for participant-directed individual account plan

*** Represents contract value. The fair value of this investment was \$1,091,295 as of December 31, 2009.

FOLIAGE SOFTWARE SYSTEMS, INC. 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER (EIN): 04-3159004 PLAN 001

SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

YEAR ENDED DECEMBER 31, 2009

(a) Identity of issuer, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
Participant loans	Interest rates ranging from 4.25% to 10.50%	\$ -0-	\$ -0-