

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006337

FILED
Apr 25, 2008
Secretary of State

Entity Name: MANHATTAN ASSOCIATES, INC. SOFTWARE

Current Principal Place of Business:

2300 WINDY RIDGE PKWY., 7TH FL
10TH FLOOR
ATLANTA, GA 30339

New Principal Place of Business:

2300 WINDY RIDGE PKWY.
10TH FLOOR
ATLANTA, GA 30339

Current Mailing Address:

2300 WINDY RIDGE PKWY., 7TH FL
10TH FLOOR
ATLANTA, GA 30339

New Mailing Address:

2300 WINDY RIDGE PKWY.
10TH FLOOR
ATLANTA, GA 30339

FEI Number: 58-2373424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SINISGALLI, PETE
Address: 2300 WINDY RIDGE ROAD
City-St-Zip: ATLANTA, GA 30339

Title: CFOV () Delete
Name: STORY, DENNIS
Address: 2300 WINDY RIDGE ROAD
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: HUNTZ, JOHN J JR
Address: 2300 WINDY RIDGE ROAD
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: CASSIDY, BRIAN J
Address: 2300 WINDY RIDGE ROAD
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: GOODWIN, PAUL R
Address: 2300 WINDY RIDGE ROAD
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: NOONAN, THOMAS E
Address: 2300 WINDY RIDGE ROAD
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS STORY

CFOV

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date