

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006337

FILED
Apr 18, 2011
Secretary of State

Entity Name: MANHATTAN ASSOCIATES, INC. SOFTWARE

Current Principal Place of Business:

2300 WINDY RIDGE PKWY
10TH FLOOR
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

2300 WINDY RIDGE PKWY
10TH FLOOR
ATLANTA, GA 30339

New Mailing Address:

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: SINISGALLI, PETE
Address: 2300 WINDY RIDGE PKWY, 10TH FL
City-St-Zip: ATLANTA, GA 30339

Title: CFO
Name: STORY, DENNIS
Address: 2300 WINDY RIDGE PKWY, 10TH FL
City-St-Zip: ATLANTA, GA 30339

Title: EVP
Name: STORY, DENNIS
Address: 2300 WINDY RIDGE PKWY, 10TH FL
City-St-Zip: ATLANTA, GA 30339

Title: D
Name: HUNTZ, JOHN J JR.
Address: 2300 WINDY RIDGE PKWY, 10TH FL
City-St-Zip: ATLANTA, GA 30339

Title: D
Name: GOODWIN, PAUL R
Address: 2300 WINDY RIDGE PKWY, 10TH FL
City-St-Zip: ATLANTA, GA 30339

Title: D
Name: NOONAN, THOMAS E
Address: 2300 WINDY RIDGE PKWY, 10TH FL
City-St-Zip: ATLANTA, GA 30339

I hereby 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 all other like empowered.

SIGNATURE: DENNIS STORY

EVP

04/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date