2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006419

1. Entity Name

MADE2MANAGE SYSTEMS, INC.

FILED

01 SEP 25 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9002 PURDUE ROAD INDIANAPOLIS IN 46268	9002 PURDUE ROAD INDIANAPOLIS IN 46268

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-1665080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO WORTMAN, DAVID B 9002 PURDUE ROAD INDIANAPOLIS IN 46268	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004623392--8 -10/04/01--01053--006 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSCF DOLAN, TRACI 9002 PURDUE ROAD INDIANAPOLIS IN 46268	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KINDER, KATHERINE 9002 PURDUE ROAD INDIANAPOLIS IN 46268	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CULLINANE, MICHAEL P 1815 SOUTH MEYERS ROAD OAKBROOK TERRACE IL 60181-5241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLON, JOHN 1344 CROSSMAN AVENUE SUNNYVALE CA 94089	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tim Davenport 801 Leigh Mill Road Great Falls, VA 22066 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALPERIN, RICHARD 641 GOLF ROAD CRYSTAL LAKE IL 60014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rudy Herrmann 5809 South Indianapolis Tulsa, OK 74135 ☐ Change ☑ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 8/29/01 317-532-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

013468 AT

CR2E034 (5/01)