# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 08, 2002 8:00 am**
**Secretary of State**
04-08-2002 90218 002 ***150.00

000084 AT

DOCUMENT # F97000006419

1. Entity Name
MADE2MANAGE SYSTEMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9002 PURDUE ROAD<br>INDIANAPOLIS IN 46268 | 9002 PURDUE ROAD<br>INDIANAPOLIS IN 46268 |

DO NOT WRITE IN THIS SPACE

| 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 $150.00**
**After May 1, 2002 Fee will be $550.00**
**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<br>WORTMAN, DAVID B<br>9002 PURDUE ROAD<br>INDIANAPOLIS IN 46268 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Rudy Herrmann<br>5809 South Indianapolis<br>Tulsa, OK 74135 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSCF<br>DOLAN, TRACI<br>9002 PURDUE ROAD<br>INDIANAPOLIS IN 46268 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>KINDER, KATHERINE<br>9002 PURDUE ROAD<br>INDIANAPOLIS IN 46268 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CULLINANE, MICHAEL P<br>1815 SOUTH MEYERS ROAD<br>OAKBROOK TERRACE IL 60181-5241 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAVENPORT, TIM<br>801 LEIGH MILL ROAD<br>GREAT FALLS VA 22066 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HALPERIN, RICHARD<br>641 GOLF ROAD<br>CRYSTAL LAKE IL 60014 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/01)

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 REQUIRED Katherine Kinder 3/22/02 317-532-7046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #