2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State
02-18-2004 90018 043 ***150.00

DOCUMENT # F97000006419

1. Entity Name

MADE2MANAGE SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~9002 PURDUE ROAD~~ 450 E.96th St. Ste.300 INDIANAPOLIS IN ~~46268~~ 46240	~~9002 PURDUE ROAD~~ 450 E.96th St.,Ste.3 INDIANAPOLIS IN ~~46268~~ 46240

MOORE CR2E034 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. 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	Jeff Tognoni CEO 450 E.96th St., Ste.300 Indpls., In. 46240	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSCF DOLAN, TRACI 9002 PURDUE ROAD INDIANAPOLIS IN 46268	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POSTED	☐ 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	450 E.96th St.(Ste.)300 46240	☑ Change ☐ Addition
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	FEB 1 0 2004 Made Manage Systems, Inc	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVENPORT, TIM 801 LEIGH MILL ROAD GREAT FALLS VA 22066	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #