

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006337

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC7367614718**

**Entity Name:** MANHATTAN ASSOCIATES, INC. SOFTWARE

**Current Principal Place of Business:**

2300 WINDY RIDGE PKWY  
10TH FLOOR  
ATLANTA, GA 30339

**Current Mailing Address:**

2300 WINDY RIDGE PKWY  
10TH FLOOR  
ATLANTA, GA 30339

**FEI Number:** 58-2373424

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            CAPEL, EDDIE  
Address        2300 WINDY RIDGE PKWY, 10TH FL  
City-State-Zip: ATLANTA GA 30339

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

Title            SECRETARY, SVP, GC  
Name            RICHARDS, BRUCE  
Address        2300 WINDY RIDGE PKWY, 10TH FL  
City-State-Zip: ATLANTA GA 30339

Title            DIRECTOR, CHAIRMAN  
Name            HUNTZ, JOHN JR.  
Address        2300 WINDY RIDGE PKWY, 10TH FL  
City-State-Zip: ATLANTA GA 30339

Title            DIRECTOR  
Name            CASSIDY, BRIAN J  
Address        2300 WINDY RIDGE PKWY, 10TH FL  
City-State-Zip: ATLANTA GA 30339

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

Title            DIRECTOR  
Name            SINISGALLI, PETE  
Address        2300 WINDY RIDGE PKWY  
10TH FLOOR  
City-State-Zip: ATLANTA GA 30339

Title            DIRECTOR  
Name            RAGHAVAN, DEEPAK  
Address        2300 WINDY RIDGE PKWY  
10TH FLOOR  
City-State-Zip: ATLANTA GA 30339

**Continues on page 2**

*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

**CFO, EVP**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LAUTENBACH, DAN J  
Address        2300 WINDY RIDGE PKWY  
                  10TH FLOOR  
City-State-Zip: ATLANTA GA 30339