

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001501

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: LAWSON SOFTWARE, INC.

## Current Principal Place of Business:

380 ST. PETER STREET  
SAINT PAUL, MN 55102

## New Principal Place of Business:

## Current Mailing Address:

380 ST. PETER STREET  
SAINT PAUL, MN 55102

## New Mailing Address:

FEI Number: 41-1251159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: COUGHLAN, JAY  
Address: 380 ST. PETER STREET  
City-St-Zip: SAINT PAUL, MN 55102

Title: CFO ( ) Delete  
Name: BARBIERI, ROBERT  
Address: 380 ST. PETER STREET  
City-St-Zip: SAINT PAUL, MN 55102

Title: AT ( ) Delete  
Name: FARLEY, TIMOTHY  
Address: 380 ST. PETER STREET  
City-St-Zip: SAINT PAUL, MN 55102

Title: D ( ) Delete  
Name: LAWSON, H. RICHARD  
Address: 380 ST. PETER STREET  
City-St-Zip: SAINT PAUL, MN 55102

Title: D ( ) Delete  
Name: COUGHLAN, JAY  
Address: 380 ST. PETER STREET  
City-St-Zip: SAINT PAUL, MN 55102

Title: D ( ) Delete  
Name: HUBERS, DAVID R  
Address: 380 ST. PETER STREET  
City-St-Zip: SAINT PAUL, MN 55102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY FARLEY

AT

03/30/2005

Electronic Signature of Signing Officer or Director

Date