## 2006 FOR PROFIT CORPORATION

## Secretary of State ANNUAL REPORT 03-27-2006 90283 016 \*\*\*150.00 DOCUMENT # F01000001501 1. Entity Name LAWSON SOFTWARE, INC. Principal Place of Business Mailing Address 380 ST. PETER STREET 380 ST. PETER STREET SAINT PAUL, MN 55102 SAINT PAUL, MN 55102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 41-1251159 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS President, Director, (80 **PCEO** TITLE Delete TITLE COUGHLAN, JAY Harry Debes 380 St. Peter Stylet NAME NAME 380 ST. PETER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PAUL, MN 55102 CITY-ST-7IP St. Paul, MN 55102 Secretary Bruce MCPheeters 380 st. Peter Street CFO ☐ Change TITLE ☐ Delete TITLE Addition 📈 BARBIERI, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 380 ST. PETER STREET SAINT PAUL, MN 55102 CITY-ST-ZIP CITY-ST-ZIP 5+. Paul, MN 55102 Delete Director ☐ Change Addition TITLE David J. ESKYG 380 St. Peter Street NAME **FARLEY, TIMOTHY** NAME STREET ADDRESS STREET ADDRESS 380 ST. PETER STREET CITY-ST-7IP CITY-ST-ZIP SAINT PAUL, MN 55102 St. Paul, MN 55102 Divecnor ☐ Change Addition ☐ Detete TITLE TITLE NAME LAWSON, H. RICHARD NAME Thomas G. Hudson STREET ADDRESS 380 St. Peter Street 380 ST PETER STREET STREET ADDRESS CITY-ST-ZIP SAINT PAUL, MN 55102 CITY-ST-ZIP St. Paul, MN 55102 Director **Addition** TITLE Delete THLE Change Change Michael Rocca COUGHLAN, JAY NAME NAME 380 St. Peter Street St. Paul, MN 55102 380 ST. PETER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAINT PAUL, MN 55102 TITLE ☐ Delete TITLE ☐ Change Addition NAME HUBERS, DAVID R NAME 380 ST. PETER STREET STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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

SIGNATURE:

SAINT PAUL, MN 55102

STREET ADDRESS CITY-ST-ZIP

GNING OFFICER OR DIRECTOR

3/20/2006

FILED Mar 27, 2006 8:00 am