

CT

F01000003068

CORPORATION(S) NAME

Logility Inc.

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-06/08/01--01045--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00200004383472--8  
-06/08/01--01045--008  
\*\*\*4600.00 \*\*\*468.00200004383472--8  
-06/08/01--01045--008  
\*\*\*4600.00 \*\*\*4600.00☒ Profit☐ Amendment☐ Merger☐ Nonprofit☒ Foreign☐ Dissolution/Withdrawal☐ Mark☐ Reinstatement☐ Limited Partnership☐ Annual Report☐ Other☐ LLC☐ Name Registration☐ Change of RA☐ Fictitious Name☐ UCC☐ Certified Copy☐ Photocopies☐ CUS☐ Call When Ready☐ Call If Problem☐ After 4:30☒ Walk In☐ Will Wait☒ Pick Up☐ Mail Out

Name

6/8/01

Order#: 4499776

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

Ref#:

Amount: \$

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01 JUN -8 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. LOGILITY INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. GEORGIA

(State or country under the law of which it is incorporated)

3. 58-2281338

(FEI number, if applicable)

4. 1/23/97

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 10/97

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 470 EAST PACES FERRY ROAD

ATLANTA, GA 30305

(Current mailing address)

8. Develop market for computer software sales and services, e-Business Solutions  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

WALTER FAULSTICH  
REGISTERED AGENT

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: James C. Edenfield

Address: 470 East Paces Ferry Road

Atlanta, GA 30305

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Frederick E. Cooper

Address: Cooper Capital

170 West Paces Ferry Rd, Atlanta, GA 30305

Director: Parker H. Petit

Address: Matrix Healthcare

1850 Pkway Place 12th Floor, Marietta, GA 30067

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: J. Michael Edenfield

Address: 470 East Paces Ferry Road

Atlanta, GA 30305

Vice President: Vincent C. Klinges

Address: 470 East Paces Ferry Road

Atlanta, GA 30305

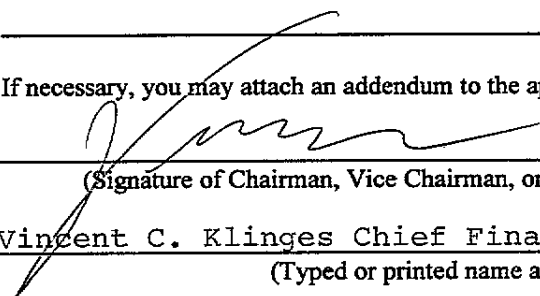
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Vincent C. Klinges Chief Financial Officer  
(Typed or printed name and capacity of person signing application)

FILED  
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TALLAHASSEE, FLORIDA

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

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JURISDICTION : GEORGIA  
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FORM NUMBER : 211

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CT CORPORATION SYSTEM  
STEPHANIE JONES  
1201 PEACHTREE STREET, N.E.  
ATLANTA, GA 30361

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

LOGILITY, INC.  
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20010601171307368



*Cathy Cox*

Cathy Cox  
Secretary of State