


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003068 1. Entity Name LOGILITY INC.	
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Principal Place of Business
470 EAST PACES FERRY ROAD
ATLANTA, GA 30305

Mailing Address
470 EAST PACES FERRY ROAD
ATLANTA, GA 30305



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2281338	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD EDENFIELD, J. MICHAEL 470 EAST PACES FERRY ROAD ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLINGES, VINCENT C 470 EAST PACES FERRY ROAD ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, FREDERICK E 170 WEST PACES FERRY ROAD ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETIT, PARKER H 1850 PARKWAY PLACE, 12TH FLOOR MARIETTA, GA 30067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000000272493
03/22/05-80006-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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

3-17-05
Date

404-261-4381
Daytime Phone #