
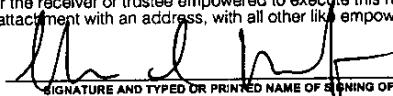


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90125 039 \*\*\*150.00

<b>DOCUMENT # F01000003068</b> 1. Entity Name <b>LOGILITY INC.</b>																																															
Principal Place of Business <b>470 EAST PACES FERRY ROAD ATLANTA, GA 30305</b>			Mailing Address <b>470 EAST PACES FERRY ROAD ATLANTA, GA 30305</b>																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		Zip																																											
Country		Country		4. FEI Number <b>58-2281338</b>																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																											
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																											
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%; padding: 2px;"> <b>PCD EDENFIELD, J. MICHAEL 470 EAST PACES FERRY ROAD ATLANTA, GA 30305</b> <input type="checkbox"/> Delete       </td> <td style="width: 15%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%; padding: 2px;"> <b>Controller Herman Moncrief 470 E. Paces Ferry Road Atlanta GA 30305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       </td> <td style="width: 15%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <b>V KLINGES, VINCENT C 470 EAST PACES FERRY ROAD ATLANTA, GA 30305</b> <input type="checkbox"/> Delete       </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <b>D COOPER, FREDERICK E 170 WEST PACES FERRY ROAD ATLANTA, GA 30305</b> <input type="checkbox"/> Delete       </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <b>D PETIT, PARKER H 1850 PARKWAY PLACE, 12TH FLOOR MARIETTA, GA 30067</b> <input type="checkbox"/> Delete       </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete       </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete       </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCD EDENFIELD, J. MICHAEL 470 EAST PACES FERRY ROAD ATLANTA, GA 30305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Controller Herman Moncrief 470 E. Paces Ferry Road Atlanta GA 30305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V KLINGES, VINCENT C 470 EAST PACES FERRY ROAD ATLANTA, GA 30305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D COOPER, FREDERICK E 170 WEST PACES FERRY ROAD ATLANTA, GA 30305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PETIT, PARKER H 1850 PARKWAY PLACE, 12TH FLOOR MARIETTA, GA 30067</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 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: 			3/23/04 (404)364-7877																																												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																												