

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F01000003068

1. Entity Name  
LOGILITY INC.



Principal Place of Business

470 EAST PACES FERRY ROAD  
ATLANTA, GA 30305

Mailing Address

470 EAST PACES FERRY ROAD  
ATLANTA, GA 30305



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

58-2281338

Applied For

Not Applicable

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, 2007 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	C MONCRIEF, HERMAN 470 E. PACES FERRY RD ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000701230  
04/20/07-80048-013 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #