2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000003068

1. Entity Name
LOGILITY INC.

FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
470 EAST PACES FERRY ROAD ATLANTA, GA 30305	470 EAST PACES FERRY ROAD ATLANTA, GA 30305

07082008 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

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

U00000954736
07/14/08-80013-020 550.00

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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: _____ 7/9/08 404-364-7877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #