

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003068

Entity Name: LOGILITY INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

470 EAST PACES FERRY ROAD
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

470 EAST PACES FERRY ROAD
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 58-2281338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

| | | |
|--------------|--------------------------------|------------|
| Title: | PCD | () Delete |
| Name: | EDENFIELD, J. MICHAEL | |
| Address: | 470 EAST PACES FERRY ROAD | |
| City-St-Zip: | ATLANTA, GA 30305 | |
| Title: | V | () Delete |
| Name: | KLINGES, VINCENT C | |
| Address: | 470 EAST PACES FERRY ROAD | |
| City-St-Zip: | ATLANTA, GA 30305 | |
| Title: | D | () Delete |
| Name: | COOPER, FREDERICK E | |
| Address: | 170 WEST PACES FERRY ROAD | |
| City-St-Zip: | ATLANTA, GA 30305 | |
| Title: | D | () Delete |
| Name: | PETIT, PARKER H | |
| Address: | 1850 PARKWAY PLACE, 12TH FLOOR | |
| City-St-Zip: | MARIETTA, GA 30067 | |
| Title: | C | () Delete |
| Name: | MONCRIEF, HERMAN | |
| Address: | 470 E. PACES FERRY RD | |
| City-St-Zip: | ATLANTA, GA 30305 | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| | |
|--------------|-------------------------|
| Title: | () Change () Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | () Change () Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | () Change () Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | () Change () Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN MONCRIEF

C

04/27/2009

Electronic Signature of Signing Officer or Director

Date