

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90213 001 \*\*\*150.00

**DOCUMENT # F03000004794**

1. Entity Name

SSA GLOBAL TECHNOLOGIES, INC.



Principal Place of Business

500 MADISON, STE. 1600  
CHICAGO, IL 60660

Mailing Address

500 MADISON, STE. 1600  
CHICAGO, IL 60660

**DO NOT WRITE IN THIS SPACE**



04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number

84-1542338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DAVENPORT, ROBERT  
STREET ADDRESS 450 PARK AVE, 28TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D  
NAME PLATTUS, SETH  
STREET ADDRESS 450 PARK AVE, 28TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D  
NAME NEPORENT, MARK  
STREET ADDRESS 450 PARK AVE, 28TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE DP  
NAME GREENOUGH, MIKE  
STREET ADDRESS 500 W. MADISON, STE. 1600  
CITY-ST-ZIP CHICAGO, IL 60660

TITLE D  
NAME GREEN, MICHAEL  
STREET ADDRESS 500 W. MADISON, STE. 1600  
CITY-ST-ZIP CHICAGO, IL 60660

TITLE D  
NAME FORD, WILLIAM  
STREET ADDRESS 450 PARK AVE., 28TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

**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

*Kathryn AS Bomba*  
Tax Director

4-27-04

Date

508 598 1448

Daytime Phone #