

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90431 010 ***150.00

DOCUMENT # F04000000648 1. Entity Name INFOR GLOBAL SOLUTIONS, INC.			
Principal Place of Business 11720 AMBER PARK DR SUITE 400 ALPHARETTA, GA 30004		Mailing Address 11720 AMBER PARK DR SUITE 400 ALPHARETTA, GA 30004	
2. Principal Place of Business 13560 MORRIS RD Suite, Apt. #, etc. 4100		3. Mailing Address 13560 MORRIS RD Suite, Apt. #, etc. 4100	
City & State ALPHARETTA GA Zip 30004 Country		City & State ALPHARETTA GA Zip 30004 Country	
4. FEI Number 30-0074217		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHAPER, C. JAMES 11720 AMBER PARK DR, STE 400 ALPHARETTA, GA 30004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13560 MORRIS RD #4100 ALPHARETTA GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIANGIORDANO, GREGORY M 11720 AMBER PARK DR, STE 400 ALPHARETTA, GA 30004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13560 MORRIS RD #4100 ALPHARETTA GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO WALTERS, KENNETH 11720 AMBER PARK DRIVE, STE 400 ALPHARETTA, GA 30004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P SCHAPER, JAMES C. 13560 MORRIS RD #4100 ALPHARETTA GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC GIANGIORDANO, GREGORY 1 COUNTRY VIEW ROAD MALVERN, PA 19355	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13560 MORRIS RD #4100 ALPHARETTA GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC MEYERHOFF, SCOTT 11720 AMBER PARK DRIVE, SUITE 400 ALPHARETTA, GA 30004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO SEXTON, KEN 13560 MORRIS RD #4100 ALPHARETTA GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC LYNCH, THOMAS 11720 AMBER PARK DRIVE, SUITE 400 ALPHARETTA, GA 30004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP HENRY, MARK 13560 MORRIS RD #4100 ALPHARETTA GA 30004
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/12/06 Daytime Phone #: 678-319-8156	