


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90428 050 ***150.00

DOCUMENT # F04000004541					
1. Entity Name BLACKBAUD, INC.				40080600	
Principal Place of Business 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492		Mailing Address 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		04212006 Chg-P CR2E034 (11/05)	
4. FEI Number 11-2617163				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				7. Name and Address of New Registered Agent	
INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
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	PCEO SYWOLSKI, ROBERT J 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + CEO CHARLTON, MARC E. 2000 DANIEL ISLAND DR. CHARLESTON, SC 29492
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS WILLIAMS, TIMOTHY V 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWELL, ANDREW L 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, PAUL V 12680 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLMAN, MARCO W 310 PALM AVENUE KENTFIELD, CA 94904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Ellis 2000 DANIEL ISLAND DR CHARLESTON, SC 29492
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, SANDRA R M.D. 225 BUSH STREET, SUITE 500 SAN FRANCISCO, CA 94104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John McConnell 2000 DANIEL ISLAND DR CHARLESTON, SC 29492
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: _____ <i>Andrew L. Howell</i> ANDREW L. HOWELL, Secretary 4/25/06 (843) 216-6200					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					