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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

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2012 FEB 27 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 28 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lawson Software, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tracy Sonterre

Name of Person

Lawson Software, Inc.

Firm/Company

380 St. Peter St.

Address

St. Paul, MN 55102

City/State and Zip code

tracy.sonterre@lawson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Sonterre

Name of Person

at (651) 767-6207

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:



\$70.00 Filing Fee



\$78.75 Filing Fee &
Certificate of Status



\$78.75 Filing Fee &
Certified Copy



\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. Lawson Software, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 20-8469219

(FEI number, if applicable)

4. 6/1/2005

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2012

(Date first transacted business in Florida; (prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13580 Morris Rd, Suite 4100 Alpharetta, GA 30004

(Principal office address)

380 St. Peter St. St. Paul, MN 55102

(Current mailing address)

8. see attached

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Danny Verdecchia, Jr.
(Registered agent's signature)
Danny Verdecchia, Jr. Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Bruce Loch CFO _____
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Lawson Software, Inc.

13560 Morris Road
Suite 4100
Alpharetta, GA 30004

FEIN: 20-3469219

OFFICER LISTING

Name	Title	Business Address
Stephan Scholl	CEO	13560 Morris Rd Suite 4100 Alpharetta, GA 30004
Bruce Loch	CFO/Treasurer/Secretary	380 St. Peter St. Saint Paul, MN 55102
Patricia Elias	President	380 St. Peter St. Saint Paul, MN 55102
Mark Henry	Assistant Treasurer	13560 Morris Rd Suite 4100 Alpharetta, GA 30004

DIRECTOR LISTING

Name	Title	Business Address
Patricia Elias	Director	380 St. Peter St. Saint Paul, MN 55102

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LAWSON

General Nature of Business

The general nature of the corporations businesses is the development, marketing, sales and implementation of software solutions. Notwithstanding the foregoing, the purpose of the coporation is to engage in any lawful act or activity for which coproations may be organized to do business under the laws of its jurisdiction of incorporation and are permitted under this state.

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAWSON SOFTWARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF FEBRUARY, A.D. 2012.

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3978744 8300

120094408

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9355920

DATE: 02-10-12