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FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002269 (9)

1. Corporation Name

SYMIX COMPUTER SYSTEMS, INC.

Principal Place of Business

2800 CORPORATE EXCHANGE DR.,
COLUMBUS OH 43231

Mailing Address

2800 CORPORATE EXCHANGE DR.,
COLUMBUS OH 43231-1688



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

03/05/1996

4. FEI Number

31-1286706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CEOD

☐ DELETE

NAME

FOX, LAWRENCE J

STREET ADDRESS

2800 CORPORATE EXCHANGE DR., SUITE 400

CITY - ST - ZIP

COLUMBUS OH 43231

TITLE

PD

☐ DELETE

NAME

SASSER, STEPHEN A

STREET ADDRESS

2800 CORPORATE EXCHANGE DR

CITY - ST - ZIP

COLUMBUS OH

TITLE

TVD

☒ DELETE

NAME

BRADFORD W. PAYNE,

STREET ADDRESS

2800 CORPORATE EXCHANGE DR., SUITE 400

CITY - ST - ZIP

COLUMBUS OH 43231

TITLE

SV

☐ DELETE

NAME

DELEON, LARRY

STREET ADDRESS

2800 CORPORATE EXCHANGE DRIVE

CITY - ST - ZIP

COLUMBUS OH

TITLE

V

☐ DELETE

NAME

JAMES W. RANDALL,

STREET ADDRESS

2800 CORPORATE EXCHANGE DR.

CITY - ST - ZIP

COLUMBUS OH 43231

TITLE

V

☐ DELETE

NAME

WILLIAMS, ROBERT

STREET ADDRESS

2800 CORPORATE EXCHANGE DRIVE

CITY - ST - ZIP

COLUMBUS OH

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE W. DELEON

3-27-97

614-523-7000

Date

Daytime Phone

0478240

CR2E034 (9/96)