

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR -7 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001090 (7)

1. Corporation Name
BAAN USA, INC.

Principal Place of Business
4600 BOHANNON DR., #105
MENLO PARK CA 94025

Mailing Address
4600 BOHANNON DR., #105
MENLO PARK CA 94025-1030

3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report
4. FEI Number 38-2862077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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
85 Zip Code	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	BAAN, JAN	1.2 NAME	
STREET ADDRESS	ZONNEOORDLANN 17 8718 TK EDE	1.3 STREET ADDRESS	
CITY - ST - ZIP	THE NETHERLANDS	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	
NAME	JOHNSON, AMAL	2.2 NAME	
STREET ADDRESS	4600 BOHANNON DR., #105	2.3 STREET ADDRESS	
CITY - ST - ZIP	MENLO PARK CA 94025	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	
NAME	WABSCHALL, MARK	3.2 NAME	
STREET ADDRESS	4600 BOHANNON DR., #105	3.3 STREET ADDRESS	
CITY - ST - ZIP	MENLO PARK CA 94025	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	HEREFORD, SUSANNE	4.2 NAME	
STREET ADDRESS	4600 BOHANNON DR., #105	4.3 STREET ADDRESS	
CITY - ST - ZIP	MENLO PARK CA 94025	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	
NAME	ZEPRUN, HOWARD S	5.2 NAME	
STREET ADDRESS	650 PAGE MILL RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALO ALTO CA 94304	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	PITTMANN, CHRISTINE	6.2 NAME	
STREET ADDRESS	11911 FREEDOM DR., #780	6.3 STREET ADDRESS	
CITY - ST - ZIP	RESTON VA 22090	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: Amal Johnson 2/20/97 (415) 462-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)