

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

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001090 (7)**

1. Corporation Name  
**BAAN USA, INC.**



Principal Place of Business <b>4600 BOHANNON DR., #105 MENLO PARK CA 94025</b>	Mailing Address <b>4600 BOHANNON DR., #105 MENLO PARK CA 94025</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>11911 Freedom Dr</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>11911 Freedom Dr</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/04/1996</b>	
22 <b>300</b>		27 <b>300</b>		4. FEI Number <b>38-2962077</b>	
23 <b>Reston, VA</b>		28 <b>Reston, VA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>20190</b>		25 <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29 <b>20190</b>		30 <b>U.S.A.</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		FL B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<b>President / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAAN, JAN</b>	1.2 NAME	<b>Kevin Calderwood</b>
STREET ADDRESS	<b>ZONNEOORDLANN 17 6718 TK EDE</b>	1.3 STREET ADDRESS	<b>11911 Freedom Dr - Suite 300</b>
CITY-ST-ZIP	<b>THE NETHERLANDS</b>	1.4 CITY-ST-ZIP	<b>Reston, VA 20190</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Treasurer / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, AMAL</b>	2.2 NAME	<b>Rene Welvaert</b>
STREET ADDRESS	<b>4600 BOHANNON DR., #105</b>	2.3 STREET ADDRESS	<b>11911 Freedom Dr - Suite 300</b>
CITY-ST-ZIP	<b>MENLO PARK CA 94025</b>	2.4 CITY-ST-ZIP	<b>Reston, VA 20190</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WABSCHALL, MARK</b>	3.2 NAME	<b>Tom Tinsley</b>
STREET ADDRESS	<b>4600 BOHANNON DR., #105</b>	3.3 STREET ADDRESS	<b>P.O. BOX 231 3880 AE PUTEN</b>
CITY-ST-ZIP	<b>MENLO PARK CA 94025</b>	3.4 CITY-ST-ZIP	<b>THE NETHERLANDS</b>
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HEREFORD, SUSANNE</b>	4.2 NAME	<b>MARVIN NEWELL</b>
STREET ADDRESS	<b>4600 BOHANNON DR., #105</b>	4.3 STREET ADDRESS	<b>11911 Freedom Dr - Suite 300</b>
CITY-ST-ZIP	<b>MENLO PARK CA 94025</b>	4.4 CITY-ST-ZIP	<b>Reston, VA 20190</b>
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZEPRUN, HOWARD S</b>	5.2 NAME	<b>800002448825</b>
STREET ADDRESS	<b>650 PAGE MILL RD.</b>	5.3 STREET ADDRESS	<b>-03/06/98--01009--023</b>
CITY-ST-ZIP	<b>PALO ALTO CA 94304</b>	5.4 CITY-ST-ZIP	<b>***150.00</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTMANN, CHRISTINE</b>	6.2 NAME	
STREET ADDRESS	<b>11911 FREEDOM DR., #780</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RESTON VA 22090</b>	6.4 CITY-ST-ZIP	

14. I 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 \_\_\_\_\_ 9/19/98 408-919-3074

CR2E034 (10/97)