

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90036 004 ***150.00

DOCUMENT # F96000001090

1. Corporation Name
BAAN USA, INC.

Principal Place of Business

11911 FREEDOM DR.
300
RESTON VA 20190

Mailing Address

11911 FREEDOM DR.
300
RESTON VA 20190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

38-2962077

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	BAAN, JAN	
STREET ADDRESS	ZONNEOORDLANN 17 6718 TK EDE	
CITY-ST-ZIP	THE NETHERLANDS	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WELVAERT, RENE	
STREET ADDRESS	11911 FREEDOM DR. 300	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WELVAERT, KEVIN	
STREET ADDRESS	11911 FREEDOM DR. 300	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEREFORD, SUSANNE	
STREET ADDRESS	4600 BOHANNON DR., #105	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZEPRUN, HOWARD S	
STREET ADDRESS	650 PAGE MILL RD.	
CITY-ST-ZIP	PALO ALTO CA 94304	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CALDERWOOD, DEVIN	
STREET ADDRESS	11911 FREEDOM DR. 300	
CITY-ST-ZIP	RESTON VA 20190	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tom Tinsley	
1.3 STREET ADDRESS	11911 Freedom DR 300	
1.4 CITY-ST-ZIP	Reston, VA 20190	
2.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARY Coleman	
2.3 STREET ADDRESS	11911 Freedom DR 300	
2.4 CITY-ST-ZIP	Reston, VA 20190	
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK FERRER	
3.3 STREET ADDRESS	11911 Freedom DR 300	
3.4 CITY-ST-ZIP	Reston, VA 20190	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DONNA Angiulo	
4.3 STREET ADDRESS	11911 Freedom DR 300	
4.4 CITY-ST-ZIP	Reston, VA 20190	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)