

# '2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001090

1. Entity Name  
BAAN USA, INCORPORATED  
LIMITED LIABILITY COMPANY

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90067 003 \*\*\*150.00

852179



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
11911 FREEDOM DR.  
300  
RESTON VA 20190

Mailing Address  
11911 FREEDOM DR.  
300  
RESTON VA 20190-5602

2. Principal Place of Business  
2191 Fox Mill RD.  
Suite, Apt. #, etc.  
SUITE 500  
City & State  
HERNDON, VA  
Zip  
20171

3. Mailing Address  
2191 Fox Mill RD.  
Suite, Apt. #, etc.  
SUITE 500  
City & State  
HERNDON, VA  
Zip  
20171

4. FEI Number 38-2962077  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INSLEY, TOM		NAME		
STREET ADDRESS	11911 FREEDOM DR, #300		STREET ADDRESS		
CITY-ST-ZIP	RESTON VA 20190		CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MARY		NAME		
STREET ADDRESS	11911 FREEDOM DR, #300		STREET ADDRESS		
CITY-ST-ZIP	RESTON VA 20190		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRER, MARK		NAME		
STREET ADDRESS	11911 FREEDOM DR, #300		STREET ADDRESS		
CITY-ST-ZIP	RESTON VA 20190		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEREFORD, SUSANNE		NAME		
STREET ADDRESS	4600 BOHANNON DR., #105		STREET ADDRESS		
CITY-ST-ZIP	MENLO PARK CA 94025		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPRUN, HOWARD S		NAME		
STREET ADDRESS	650 PAGE MILL RD.		STREET ADDRESS		
CITY-ST-ZIP	PALO ALTO CA 94304		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGULO, DONNA		NAME		
STREET ADDRESS	11911 FREEDOM DR, #300		STREET ADDRESS		
CITY-ST-ZIP	RESTON VA 20190		CITY-ST-ZIP		

SEE ATTACHMENT A

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Robin Riedel 4/28/2000 (703) 471-8785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #