

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F96000001090

1. Corporation Name

BAAN USA, INC.

Principal Place of Business

Mailing Address

2191 FOX MILL ROAD
SUITE 500
HERNDON VA 20171

2191 FOX MILL ROAD
SUITE 500
HERNDON VA 20171

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1996

5. FEI Number

38-2962077

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D P/D	TINSLEY, TOM Susan Hey stee	11911 FREEDOM DR, #300 2191 Fox Mill Rd, Suite 500	RESTON VA 20190 Herndon, Va 20171
D T	GOLEMAN, MARY Scott Pence	11911 FREEDOM DR, #300 2191 Fox Mill Rd, Suite 500	RESTON VA 20190 Herndon, Va 20171
D S	FERRER, MARK Catherine Sigmar	11911 FREEDOM DR, #300 2191 Fox Mill Rd, Suite 500	RESTON VA 20190 Herndon, Va 20171
S S	HERFORD, SUSANNE Howard Zeprun	4600 BOHANNON DR, #105 2191 Fox Mill Rd, Suite 500	MENLO PARK CA 94025 Herndon, Va 20171
S V	ZEPRUN, HOWARD S Christopher Hane	650 PAGE MILL RD. 2191 Fox Mill Rd, Suite 500	PALO ALTO CA 94304 Herndon, Va 20171
S D	ANGULO, DONNA Philip C. Maynard	11911 FREEDOM DR, #300 2191 Fox Mill Rd, Suite 500	RESTON VA 20190 Herndon, Va 20171

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ATTN: Barbara Burke~~
C-T-CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
954-473-5503

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Barbara A. Burke*
REGISTERED AGENT MUST SIGN
BABARA A. BURKE
SPECIAL ASSISTANT SECRETARY
REQUIRED

Date

10-26-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/01

Daytime Phone #

703-234-6432

CR2040 (8/01)