
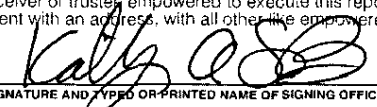


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90213 049 ***150.00

DOCUMENT # F96000001090 1. Entity Name BAAN USA, INC.			
Principal Place of Business 2191 FOX MILL ROAD SUITE 500 HERNDON, VA 20171		Mailing Address 2191 FOX MILL ROAD SUITE 500 HERNDON, VA 20171	
2. Principal Place of Business 500 W. Madison Suite, Apt. #, etc. Suite 1600 City & State Chicago IL Zip 60		3. Mailing Address 100 Staples Drive Suite, Apt. #, etc. c/o SSA Global City & State Framingham MA Zip 01702	
4. FEI Number 38-2962077		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04272004 Chg-P CR2E034 (10/03)	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP HEYSTEE, SUSAN 2191 FOX MILL RD, SUITE 500 HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete	TITLE	D.P Kirk Isaacson 500 W. Madison Chicago IL 60661 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S Susan Hickel 500 W. Madison Chicago IL 60661 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	T Stephen Earhart 500 W. Madison Chicago IL 60661 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	D Graeme Cooksley 500 W. Madison Chicago IL 60661 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S SIGMAR, CATHERINE 2191 FOX MILL RD, SUITE 500 HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	AS ZEPRUN, HOWARD 2191 FOX MILL RD, SUITE 500 HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LOWRY, TOM 2191 FOX MILL RD, SUITE 500 HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Kathryn A.S. Bomba Tax Director	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-27-04 Daytime Phone # 508 5981448	