2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90117 024 ***150.00

DOCUMENT # F96000001090

1. Entity Name
BAAN USA, INC.

Principal Place of Business	Mailing Address
500 W. MADISON, STE 1600 CHICAGO, IL 60661	100 STAPLES DR. C/O SSA GLOBAL FRAMINGHAM, MA 01702

03312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
500 West Madison	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301	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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ISAACSON, KIRK 500 W. MADISON, STE 1600 CHICAGO, IL 60661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500 West Madison	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HICKEL, SUSAN 500 W. MADISON, STE 1600 CHICAGO, IL 60661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500 West Madison	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EARHART, STEPHEN 500 W. MADISON, STE 1600 CHICAGO, IL 60661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500 West Madison	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOKSLEY, GRAEME 500 W. MADISON, STE 1600 CHICAGO, IL 60661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500 West Madison	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 4-1-05 5085981448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tax Director Date Daytime Phone #