

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-01-2003 90065 002 ***550.00

55054910

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

8/17

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 38-2962077

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reissuing)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HEYSTEE, SUSAN	
STREET ADDRESS	2191 FOX MILL RD, SUITE 500	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE	T	<input type="checkbox"/> Delete
NAME	PENCE, SCOTT	
STREET ADDRESS	2191 FOX MILL RD, SUITE 500	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIGMAR, CATHERINE	
STREET ADDRESS	2191 FOX MILL RD, SUITE 500	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ZEPRUN, HOWARD	
STREET ADDRESS	2191 FOX MILL RD, SUITE 500	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYWARD, PHILIP C	
STREET ADDRESS	2191 FOX MILL RD, SUITE 500	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Lowry	
STREET ADDRESS	2191 Fox Mill Road, Suite 500	
CITY-ST-ZIP	Herndon, Va 20171	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Pence

Date

8/1/2007

Daytime Phone #

703-274-6425

CR2EN34 (4/03)