

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90069 047 \*\*\*550.00

**DOCUMENT # F97000004231**

1. Entity Name  
**BAAN PROCESS SOLUTIONS, INC.**

Principal Place of Business  
**100 TECHNOLOGY DRIVE**  
**IRVINE CA 92618**

Mailing Address  
**100 TECHNOLOGY DRIVE**  
**IRVINE CA 92618**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**95 Well Avenue**

3. Mailing Address  
**13454 Sunrise Valley Dr**

Suite, Apt. #, etc.  
 Suite 500

City & State  
**Newton MA**

City & State  
**Herndon Va**

4. FEI Number **04-3371621**

Applied For  
 Not Applicable

Zip **02459** Country **USA**

Zip **20171** Country **USA**

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. I am familiar with, and accept the obligations of registered agent.

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>COWAN, JOSEPH L</b> <b>100 TECHNOLOGY DRIVE</b> <b>IRVINE CA 92618</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>President</b> <b>Laurens Van Oek Tang</b> <b>Apeldoornsestraat 131</b> <b>Voorhuizen, Gelderland Netherlands</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>DUNER, BRUCE H</b> <b>100 TECHNOLOGY DRIVE</b> <b>IRVINE CA 92618</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Vice President and General Manager</b> <b>Robert Thomas</b> <b>95 Wells Avenue</b> <b>Newton, MA 02459</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HENNING, CARL G JR</b> <b>880 LAURENTIAN DRIVE</b> <b>BURLINGTON, ONTARIO CA L7-N3V6</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Vice President</b> <b>Bruce D. Sabot</b> <b>95 Wells Avenue</b> <b>Newton, MA 02459</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHING, PETER N</b> <b>100 TECHNOLOGY DRIVE</b> <b>IRVINE CA 92618</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

**SIGNATURE:** Scott Ponce **SCOTT PONCE REQUIRED** **Scott Ponce** **8/26/02** **703-234-6432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)