

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F98000004886**

1. Corporation Name  
**MAPICS, INC.**

Principal Place of Business  
**5775-D GLENRIDGE DRIVE  
ATLANTA GA 30328**

Mailing Address  
**5775-D GLENRIDGE DRIVE  
ATLANTA GA 30328**

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90016 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/28/1998**

4. FEI Number

**04-2711580**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 1000 WINDWARD CONCOURSE**

Suite, Apt. #, etc.

**22 100**

City & State

**23 ALPHARETTA, GA**

Zip

**24 30005**

Country

**25 USA**

2a. Mailing Address

**26 1000 WINDWARD CONCOURSE**

Suite, Apt. #, etc.

**27 100**

City & State

**28 ALPHARETTA, GA**

Zip

**29 30005**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**NEWMAN, DAVID J  
1126 DEERWOOD LANE  
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☒ DELETE

NAME **AERY, THOMAS F**  
STREET ADDRESS **5775-D GLENRIDGE DR.**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **S** ☐ DELETE

NAME **AVALLONE, MARTIN D**  
STREET ADDRESS **5775-D GLENRIDGE DR.**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **P** ☐ DELETE

NAME **COOK, RICHARD C**  
STREET ADDRESS **5775-D GLENRIDGE DR.**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **T** ☐ DELETE

NAME **GILMOUR, WILLIAM J**  
STREET ADDRESS **5775-D GLENRIDGE DR.**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **D** ☐ DELETE

NAME **CHAMBERLAIN III, GEORGE A**  
STREET ADDRESS **175 COMMONWEALTH AVENUE**  
CITY-ST-ZIP **BOSTON MA**

TITLE **D** ☒ DELETE

NAME **FORD, WILLIAM E**  
STREET ADDRESS **THREE PICKWICK PLAZA, STE 200**  
CITY-ST-ZIP **GREENWICH CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **V, GEN COUNSEL & SECRETARY** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1000 WINDWARD CONCOURSE PKWY, SUITE 100  
ALPHARETTA, GA 30005**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**1000 WINDWARD CONCOURSE PKWY, SUITE 100  
ALPHARETTA, GA 30005**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**1000 WINDWARD CONCOURSE PKWY, SUITE 100  
ALPHARETTA, GA 30005**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**770 BOYLSTON STREET, NO. 221  
BOSTON, MA 02199**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**STEPHEN P. REYNOLDS  
THREE PICKWICK PLAZA, SUITE 200  
GREENWICH, CT 06830**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Martin D. Avallone, Vice President**  
**General Counsel and Secretary** 3/2/99 (678) 319-8487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #