


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000004886	
1. Entity Name MAPICS, INC.	

Principal Place of Business 1000 WINDWARD CONCOURSE 100 ALPHARETTA, GA 30005	Mailing Address 1000 WINDWARD CONCOURSE 100 ALPHARETTA, GA 30005
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02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2711580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD FORT LAUDERDALE, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	U000000089902 03/16/04-80007-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS AVALLONE, MARTIN D 1000 WINDWARD CONCOURSE PWKY, STE 100 ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, RICHARD C 1000 WINDWARD CONCOURSE PWKY, STE 100 ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASEY, MICHAEL J 1000 WINDWARD CONCOURSE PWKY, STE. 100 ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLAIN III, GEORGE A 770 BOYLSTON ST. #221 BOSTON, MA 02199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO REILLY, PETER E 1000 WINDWARD CONCOURSE PKWY STE 100 ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Martin D. Avallone, Secretary**
2/2/04 (678) 319-8018