

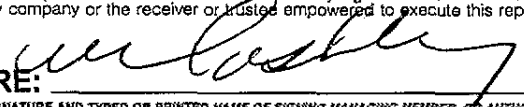


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000001089			
1. Entity Name AGILYSYS NV, LLC			
Principal Place of Business 6675 PARKLAND BLVD. OLON, OH 44139	Mailing Address 6675 PARKLAND BLVD. OLON, OH 44139		
DO NOT WRITE IN THIS SPACE			
		01182006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-0690011	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGILYSYS, INC. 6675 PARKLAND BLVD. OLON, OH 44139		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  Maurice W. Lashley		1/27/06	770-962-6425
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>