2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P21973

1. Entity Name
AMERICAN SOFTWARE USA, INC.

FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
470 E. PACES FERRY RD. ATLANTA, GA 30305	470 E. PACES FERRY RD. ATLANTA, GA 30305

07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1809983
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	EDENFIELD, JAMES C.
STREET ADDRESS	470 E. PACES FERRY ROAD
CITY-ST-ZIP	ATLANTA, GA
TITLE	S
NAME	MCGUONE, JAMES R.
STREET ADDRESS	470 E. PACES FERRY ROAD
CITY-ST-ZIP	ATLANTA, GA
TITLE	D
NAME	NEWBERRY, THOMAS L.
STREET ADDRESS	470 E. PACES FERRY ROAD
CITY-ST-ZIP	ATLANTA, GA
TITLE	VPOF
NAME	KLINGES, VINCENT
STREET ADDRESS	470 E. PACES FERRY RD.
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	C
NAME	MONCRIEF, HERMAN
STREET ADDRESS	470 E PACES TERRY RD
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954735
07/14/08-80013-019 550.00

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12. 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 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: _____ 7/9/08 404-364-7877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #