

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21973

Entity Name: AMERICAN SOFTWARE USA, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

470 E. PACES FERRY RD.
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

470 E. PACES FERRY RD.
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 58-1809983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: EDENFIELD, JAMES C.
Address: 470 E. PACES FERRY ROAD
City-St-Zip: ATLANTA, GA

Title: S () Delete
Name: MCGUONE, JAMES R.
Address: 470 E. PACES FERRY ROAD
City-St-Zip: ATLANTA, GA

Title: D () Delete
Name: NEWBERRY, THOMAS L.
Address: 470 E. PACES FERRY ROAD
City-St-Zip: ATLANTA, GA

Title: VPOF () Delete
Name: KLINGES, VINCENT
Address: 470 E. PACES FERRY RD.
City-St-Zip: ATLANTA, GA 30305

Title: C () Delete
Name: MONCRIEF, HERMAN
Address: 470 E PACES TERRY RD
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: EDENFIELD, JAMES C.
Address: 470 E. PACES FERRY ROAD
City-St-Zip: ATLANTA, GA 30305

Title: S (X) Change () Addition
Name: MCGUONE, JAMES R.
Address: 470 E. PACES FERRY ROAD
City-St-Zip: ATLANTA, GA 30305

Title: D (X) Change () Addition
Name: NEWBERRY, THOMAS L.
Address: 470 E. PACES FERRY ROAD
City-St-Zip: ATLANTA, GA 30305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN MONCRIEF

C

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date