


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90117 024 ***150.00

DOCUMENT # F96000001090					
1. Entity Name BAAN USA, INC.					
Principal Place of Business 500 W. MADISON, STE 1600 CHICAGO, IL 60661		Mailing Address 100 STAPLES DR. C/O SSA GLOBAL FRAMINGHAM, MA 01702			
2. Principal Place of Business <i>500 West Madison</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03312005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 38-2962077	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ISAACSON, KIRK	NAME	<i>500 West Madison</i>		
STREET ADDRESS	500 W. MADISON, STE 1600	STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60661	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HICKEL, SUSAN	NAME	<i>500 West Madison</i>		
STREET ADDRESS	500 W. MADISON, STE 1600	STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60661	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EARHART, STEPHEN	NAME	<i>500 West Madison</i>		
STREET ADDRESS	500 W. MADISON, STE 1600	STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60661	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOKSLEY, GRAEME	NAME	<i>500 West Madison</i>		
STREET ADDRESS	500 W. MADISON, STE 1600	STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60661	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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: <i>Kathryn A.S. Bomba</i>		Kathryn A.S. Bomba		4-1-05 5085981448	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TAX Director		Date Daytime Phone #	