

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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97 MAR -7 AM 11:58

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001090 (7)

1. Corporation Name
BAAN USA, INC.



Principal Place of Business Mailing Address
4600 BOHANNON DR., #105 MENLO PARK CA 94025

3. Date Incorporated or Qualified **03/04/1996** 3a. Date of Last Report
4. FEI Number **38-2862077** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc: 26 Suite, Apt. #, etc.
22 City & State: 27 City & State
23 Zip Country: 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BAAN, JAN	
STREET ADDRESS	ZONNEOORDLANN 17 8718 TK EDE	
CITY - ST - ZIP	THE NETHERLANDS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, AMAL	
STREET ADDRESS	4600 BOHANNON DR., #105	
CITY - ST - ZIP	MENLO PARK CA 94025	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WABSCHALL, MARK	
STREET ADDRESS	4600 BOHANNON DR., #105	
CITY - ST - ZIP	MENLO PARK CA 94025	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEREFORD, SUSANNE	
STREET ADDRESS	4600 BOHANNON DR., #105	
CITY - ST - ZIP	MENLO PARK CA 94025	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZEPRUN, HOWARD S	
STREET ADDRESS	650 PAGE MILL RD.	
CITY - ST - ZIP	PALO ALTO CA 94304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTMANN, CHRISTINE	
STREET ADDRESS	11911 FREEDOM DR., #780	
CITY - ST - ZIP	RESTON VA 22090	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	600002107336--0
1.4 CITY - ST - ZIP	-03/07/97--01066--006 ****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

JB3-7-97

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Amal Johnson** *[Signature]* **2/20/97** **(415) 462-4949**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)