

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001090 (7)

1. Corporation Name
BAAN USA, INC.



Principal Place of Business 4600 BOHANNON DR., #105 MENLO PARK CA 94025	Mailing Address 4600 BOHANNON DR., #105 MENLO PARK CA 94025
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1996	
2. Principal Place of Business 21 11911 Freedom Dr Suite, Apt. #, etc. 22 300	2a. Mailing Address 26 11911 Freedom Dr Suite, Apt. #, etc. 27 300
23 Reston, VA City & State 24 20190 Zip 25 U.S.A. Country	28 Reston, VA City & State 29 20190 Zip 30 U.S.A. Country
4. FEI Number 38-2962077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAAN, JAN	1.2 NAME	Kevin Calderwood
STREET ADDRESS	ZONNEOORLANN 17 6718 TK EDE	1.3 STREET ADDRESS	11911 Freedom Dr - Suite 300
CITY-ST-ZIP	THE NETHERLANDS	1.4 CITY-ST-ZIP	Reston, VA 20190
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, AMAL	2.2 NAME	Rene Welvaert
STREET ADDRESS	4600 BOHANNON DR., #105	2.3 STREET ADDRESS	11911 Freedom Dr - Suite 300
CITY-ST-ZIP	MENLO PARK CA 94025	2.4 CITY-ST-ZIP	Reston, VA 20190
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WABSCHALL, MARK	3.2 NAME	Tom Tinsley
STREET ADDRESS	4600 BOHANNON DR., #105	3.3 STREET ADDRESS	P.O. BOX 231 3880 AE PUTEN
CITY-ST-ZIP	MENLO PARK CA 94025	3.4 CITY-ST-ZIP	THE NETHERLANDS
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEREFORD, SUSANNE	4.2 NAME	MARVIN NEWELL
STREET ADDRESS	4600 BOHANNON DR., #105	4.3 STREET ADDRESS	11911 Freedom Dr - Suite 300
CITY-ST-ZIP	MENLO PARK CA 94025	4.4 CITY-ST-ZIP	Reston, VA 20190
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPRUN, HOWARD S	5.2 NAME	800002448825
STREET ADDRESS	650 PAGE MILL RD.	5.3 STREET ADDRESS	-03/06/98--01009--023
CITY-ST-ZIP	PALO ALTO CA 94304	5.4 CITY-ST-ZIP	***150.00
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMANN, CHRISTINE	6.2 NAME	
STREET ADDRESS	11911 FREEDOM DR., #780	6.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA 22090	6.4 CITY-ST-ZIP	

14. 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 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 _____ DATE **9/11/98**

CP2E034 (10/97)