

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90067 003 ***150.00

DOCUMENT # F96000001090

1. Entity Name
BAAN USA, INC.

Principal Place of Business Mailing Address
11911 FREEDOM DR. **11911 FREEDOM DR.**
300 **300**
RESTON VA 20190 **RESTON VA 20190-5602**

852179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2191 FOX MILL RD. **2191 FOX MILL RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 500 **SUITE 500**
 City & State City & State
HERNDON, VA **HERNDON, VA**
 Zip Country Zip Country
20171 **20171**

4. FEI Number **38-2962077** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANSLEY, TOM	
STREET ADDRESS	11911 FREEDOM DR, #300	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, MARY	
STREET ADDRESS	11911 FREEDOM DR, #300	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FERRER, MARK	
STREET ADDRESS	11911 FREEDOM DR, #300	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HEREFORD, SUSANNE	
STREET ADDRESS	4600 BOHANNON DR., #105	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZEPRUN, HOWARD S	
STREET ADDRESS	650 PAGE MILL RD.	
CITY-ST-ZIP	PALO ALTO CA 94304	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANGUILO, DONNA	
STREET ADDRESS	11911 FREEDOM DR, #300	
CITY-ST-ZIP	RESTON VA 20190	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SEE ATTACHMENT A

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Robin Riedel **ROBIN RIEDEL** **4/28/2000** **(703)471-8785**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR 101.4 1999