

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90213 049 ***150.00

DOCUMENT # F96000001090
 1. Entity Name
 BAAN USA, INC.



Principal Place of Business
 2191 FOX MILL ROAD
 SUITE 500
 HERNDON, VA 20171

Mailing Address
 2191 FOX MILL ROAD
 SUITE 500
 HERNDON, VA 20171

2. Principal Place of Business
 500 W. Madison
 Suite, Apt. #, etc.
 Suite 1600

3. Mailing Address
 100 Staples Drive
 Suite, Apt. #, etc.
 c/o SSA Global

City & State
 Chicago IL

City & State
 Framingham MA

Zip Country
 60 -

Zip Country
 01702

04272004 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEYSTEE, SUSAN 2191 FOX MILL RD, SUITE 500 HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENCE, SCOTT 2191 FOX MILL RD, SUITE 500 HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIGMAR, CATHERINE 2191 FOX MILL RD, SUITE 500 HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZEPRUN, HOWARD 2191 FOX MILL RD, SUITE 500 HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWRY, TOM 2191 FOX MILL RD, SUITE 500 HERNDON, VA 20171 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P Kirk Isaacson 500 W. Madison Chicago IL 60661 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Susan Mickel 500 W. Madison Chicago IL 60661 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Stephen Earhart 500 W. Madison Chicago IL 60661 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Graeme Cooksley 500 W. Madison Chicago IL 60661 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathy A.S. Bomba Kathryn A.S. Bomba 4-27-04 508.598.1448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #