

F970000 06419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

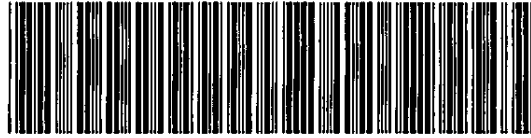
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR PA 11



NATIONAL SERVICE INFORMATION, INC.

www.nsii.net

April 24, 2007

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 110

Sincerely,

Jill Probst

Corporate Services Department

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MADE2MANAGE SYSTEMS, INC.
(Name of Corporation)

DOCUMENT NUMBER: F97000006419

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JILL PROBST

(Name of Contact Person)

NATIONAL SERVICE INFORMATION, INC

(Firm/Company)

145 BAKER ST

(Address)

MARION OHIO 43302

(City/State and Zip Code)

For further information concerning this matter, please call:

JILL PROBST at (740) 387-6806
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of IN _____ in order to change its registered office or registered agent, or both, in the State of Florida.

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TALLAHASSEE, FLORIDA

1. The name of the corporation: MADE2MANAGE SYSTEMS, INC.
2. The principal office address: 450 E 96TH ST. STE. 300 INDIANAPOLIS IN 46240
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/05/1997 Document number: F97000006419
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

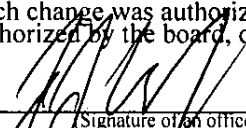
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



(Signature of officer or director)

John Wright, Tax & Treasury Manager
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



(Signature of Registered Agent)

April 24, 2007
(Date)

If signing on behalf of an entity:

Jill Probst Assistant Secretary
(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314