

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

FILED
May 01 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 # F97000006419 (2)
 1. Corporation Name
MADE2MANAGE SYSTEMS, INC.



Principal Place of Business 9002 PURDUE ROAD INDIANAPOLIS IN 46268	Mailing Address 9002 PURDUE ROAD INDIANAPOLIS IN 46268
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 35-1665080	
22 City & State		27 City & State		Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORON, IRA	1.2 NAME	Kinder, Katherine L.
STREET ADDRESS	9002 PURDUE ROAD	1.3 STREET ADDRESS	9002 Purdue Road
CITY-ST-ZIP	INDIANAPOLIS IN 46268	1.4 CITY-ST-ZIP	Indianapolis, IN 46268
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTMAN, DAVID B	2.2 NAME	Ehlinger, Greg
STREET ADDRESS	9002 PURDUE ROAD	2.3 STREET ADDRESS	500 Washington Street, P.O. Box 929
CITY-ST-ZIP	INDIANAPOLIS IN 46268	2.4 CITY-ST-ZIP	Columbus, IN 47202
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAPP, CHRISTOPHER D	3.2 NAME	O'Grady, Standish
STREET ADDRESS	9002 PURDUE ROAD	3.3 STREET ADDRESS	One Bush Street, 18th Floor
CITY-ST-ZIP	INDIANAPOLIS IN 46268	3.4 CITY-ST-ZIP	San Francisco, CA 94104
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, OLIVER C	4.2 NAME	
STREET ADDRESS	9002 PURDUE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	4.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, STEPHEN R	5.2 NAME	
STREET ADDRESS	9002 PURDUE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, GARY D	6.2 NAME	
STREET ADDRESS	9002 PURDUE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	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 its 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 _____

CR2E034 (10/97)