

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90218 002 ***150.00

0009464 AT

DOCUMENT # F97000006419
 1. Entity Name
MADE2MANAGE SYSTEMS, INC.

Principal Place of Business Mailing Address
9002 PURDUE ROAD **9002 PURDUE ROAD**
INDIANAPOLIS IN 46268 **INDIANAPOLIS IN 46268**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
35-1665080 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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

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, 2002 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 NAME PCEO WORTMAN, DAVID B STREET ADDRESS 9002 PURDUE ROAD CITY-ST-ZIP INDIANAPOLIS IN 46268	<input type="checkbox"/> Delete
TITLE NAME TSCF DOLAN, TRACI STREET ADDRESS 9002 PURDUE ROAD CITY-ST-ZIP INDIANAPOLIS IN 46268	<input type="checkbox"/> Delete
TITLE NAME AS KINDER, KATHERINE STREET ADDRESS 9002 PURDUE ROAD CITY-ST-ZIP INDIANAPOLIS IN 46268	<input type="checkbox"/> Delete
TITLE NAME D CULLINANE, MICHAEL P STREET ADDRESS 1815 SOUTH MEYERS ROAD CITY-ST-ZIP OAKBROOK TERRACE IL 60181-5241	<input type="checkbox"/> Delete
TITLE NAME D DAVENPORT, TIM STREET ADDRESS 801 LEIGH MILL ROAD CITY-ST-ZIP GREAT FALLS VA 22066	<input type="checkbox"/> Delete
TITLE NAME D HALPERIN, RICHARD STREET ADDRESS 641 GOLF ROAD CITY-ST-ZIP CRYSTAL LAKE IL 60014	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Director Rudy Herrmann STREET ADDRESS 5809 South Indianapolis CITY-ST-ZIP Tulsa, OK 74135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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 all other like empowered.

SIGNATURE: Katherine Kinder Date: 3/22/02 Daytime Phone #: 317-532-7046

CR2E034 (9/01)