

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90018 043 \*\*\*150.00

**DOCUMENT # F97000006419**

1. Entity Name

MADE2MANAGE SYSTEMS, INC.



Principal Place of Business

~~9002 PURDUE ROAD~~ 450 E. 96<sup>th</sup> St., Ste. 300  
 INDIANAPOLIS IN ~~46268~~ 46240

Mailing Address

9002 PURDUE ROAD 450 E. 96<sup>th</sup> St., Ste. 3  
 INDIANAPOLIS IN ~~46268~~ 46240

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

35-1665080

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO  Delete  
 NAME WORTMAN, DAVID B  
 STREET ADDRESS 9002 PURDUE ROAD  
 CITY-ST-ZIP INDIANAPOLIS IN 46268

TITLE Jeff Tognoni CEO  Change  Addition  
 NAME  
 STREET ADDRESS 450 E. 96<sup>th</sup> St., Ste. 300  
 CITY-ST-ZIP Indpls., In. 46240

TITLE TSCF  Delete  
 NAME DOLAN, TRACI  
 STREET ADDRESS 9002 PURDUE ROAD  
 CITY-ST-ZIP INDIANAPOLIS IN 46268

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AS  Delete  
 NAME KINDER, KATHERINE  
 STREET ADDRESS 9002 PURDUE ROAD  
 CITY-ST-ZIP INDIANAPOLIS IN 46268

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 450 E. 96<sup>th</sup> St., Ste. 300  
 CITY-ST-ZIP 46240

TITLE D  Delete  
 NAME CULLINANE, MICHAEL P  
 STREET ADDRESS 1815 SOUTH MEYERS ROAD  
 CITY-ST-ZIP OAKBROOK TERRACE IL 60181-5241

TITLE FEB 10 2004  Change  Addition  
 NAME Made manage  
 STREET ADDRESS Svstems, Inc

TITLE D  Delete  
 NAME DAVENPORT, TIM  
 STREET ADDRESS 801 LEIGH MILL ROAD  
 CITY-ST-ZIP GREAT FALLS VA 22066

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME HALPERIN, RICHARD  
 STREET ADDRESS 641 GOLF ROAD  
 CITY-ST-ZIP CRYSTAL LAKE IL 60014

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #