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|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME: Infor Public Sector, Inc. | DUE DATE: 4/30/2014 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA | SCC ID NO: F1365545 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: CA | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13560 MORRIS ROAD, SUITE 4100

CITY/ST/ZIP: ALPHARETTA, GA 30004

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: GREGORY M. GIANGIORDANO | | | |
| TITLE: PRESIDENT | | | |
| ADDRESS: 40 GENERAL WARREN BLVD | | | |
| CITY/ST/ZIP/CO: SUITE 110 MALVERN, PA 19355 | | | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| NAME: MARK HENRY | | | |
| TITLE: TREASURER | | | |
| ADDRESS: 13560 MORRIS ROAD, SUITE 4100 | | | |
| CITY/ST/ZIP/CO: ALPHARETTA, GA 30004 | | | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| NAME: BRADFORD E. STEINER | | | |
| TITLE: SECRETARY | | | |
| ADDRESS: 492 OLD CONNECTICUT PATH | | | |
| CITY/ST/ZIP/CO: SUITE 600 FRAMINGHAM, MA 01701 | | | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| NAME: PATRICIA ELIAS | | | |
| TITLE: ASSC GEN COUNSL | | | |
| ADDRESS: 380 ST. PETER STREET | | | |
| CITY/ST/ZIP/CO: ST. PAUL , MN 55102 | | | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| NAME: JAY HOPKINS | | | |
| TITLE: ACCOUNTING | | | |
| ADDRESS: 13560 MORRIS ROAD, SUITE 4100 | | | |
| CITY/ST/ZIP/CO: ALPHARETTA , GA 30004 | | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|-----------|
| /s/ MARK HENRY | MARK HENRY, TREASURER | 4/30/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.