

1.) CORPORATION NAME:

**Manhattan Associates, Inc.**

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1451972**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREFER	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2300 WINDY RIDGE PKWY  
10TH FLOOR

CITY/ST/ZIP: ATLANTA, GA 30339

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.

NAME:	EDDIE CAPEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	2300 WINDY RIDGE PKWY 10TH FL ATLANTA, GA 30339		
CITY/ST/ZIP/CO:			
NAME:	LINDA PINNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, CONTROLLER		
ADDRESS:	2300 WINDY RIDGE PKWY 10TH FL ATLANTA, GA 30339		
CITY/ST/ZIP/CO:			
NAME:	DENNIS STORY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO		
ADDRESS:	2300 WINDY RIDGE PKWY 10TH FLOOR ATLANTA, GA 30339		
CITY/ST/ZIP/CO:			
NAME:	BRUCE RICHARDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2300 WINDY RIDGE PKWY 10TH FL ATLANTA, GA 30339		
CITY/ST/ZIP/CO:			
NAME:	JOHN J HUNTZ JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2300 WINDY RIDGE PKWY 10TH FLOOR ATLANTA, GA 30339		
CITY/ST/ZIP/CO:			

NAME: BRIAN J CASSIDY TITLE: DIRECTOR ADDRESS: 2300 WINDY RIDGE PKWY 10TH FL CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAN J LAUTENBACH TITLE: DIRECTOR ADDRESS: 2300 WINDY RIDGE PKWY 10TH FL CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS E NOONAN TITLE: DIRECTOR ADDRESS: 2300 WINDY RIDGE PKWY 10TH FL CITY/ST/ZIP/CO: ATLANTA, GA 30328	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEEPAK RAGHAVAN TITLE: DIRECTOR ADDRESS: 2300 WINDY RIDGE PKWY 10TH FL CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER SINISGALLI TITLE: DIRECTOR ADDRESS: 2300 WINDY RIDGE PKWY 10TH FLOOR CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ DENNIS STORY	DENNIS STORY, SR VP/CFO	1/21/2015
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.		