

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005602

FILED
May 01, 2006
Secretary of State

Entity Name: SILVERPOP SYSTEMS INC.

Current Principal Place of Business:

200 GALLERIA PARKWAY, SUITE 750
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

200 GALLERIA PARKWAY, SUITE 750
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 58-2511073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: NUSSEY, WILLIAM C
Address: 200 GALLERIA PARKWAY, SUITE 750
City-St-Zip: ATLANTA, GA 30339

Title: AS () Delete
Name: MCCORMICK, JAMES K
Address: 200 GALLERIA PARKWAY, SUITE 750
City-St-Zip: ATLANTA, GA 30339

Title: S () Delete
Name: MALLIET, JILL C
Address: 200 GALLERIA PARKWAY, SUITE 750
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: STAVROPOULUS, ANDREAS
Address: 2882 SAND HILL ROAD, #150
City-St-Zip: MENLO PARK, CA 94205

Title: D () Delete
Name: JACKSON, MARGARET
Address: 343 SANSOME STREET, #525
City-St-Zip: SAN FRANCISCO, CA 94104

Title: D () Delete
Name: KNOSYNSKI, BENN
Address: EMORY UNIVERSITY
City-St-Zip: ATLANTA, GA 30322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL C. MALLIET

_____ Electronic Signature of Signing Officer or Director

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05/01/2006

_____ Date