


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 AUG 10 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000005602					
1. Entity Name SILVERPOP SYSTEMS INC.					
Principal Place of Business 200 GALLERIA PARKWAY, SUITE 750 ATLANTA, GA 30339			Mailing Address 200 GALLERIA PARKWAY, SUITE 750 ATLANTA, GA 30339		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2511073	
Zip		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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		<i>Ternell Kearney</i> Ternell Kearney Asst. Secretary			DATE
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE-Registered Agent Signature required when reinstating)</small>			8/7/09
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC NUSSEY, WILLIAM C 200 GALLERIA PARKWAY, SUITE 750 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCCORMICK, JAMES K 200 GALLERIA PARKWAY, SUITE 750 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALLIET, JILL C 200 GALLERIA PARKWAY, SUITE 750 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Alvey, William 200 Galleria Pkwy, Suite 750 Atlanta, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAVROPOULUS, ANDREAS 2882 SAND HILL ROAD, #150 MENLO PARK, CA 94205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MARGARET 343 SANSOME STREET, #525 SAN FRANCISCO, CA 94104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOSYNSKI, BENN EMORY UNIVERSITY ATLANTA, GA 30322	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Banks 20400 Stevens Creek Blvd Suite 850 Cupertino, CA 95014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.					
SIGNATURE:		<i>Jane & McComin</i>			DATE
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>(NOTE-Registered Agent Signature required when reinstating)</small>			7-21-09



REINSTATEMENT 08-09

RH