

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000005905

1. Entity Name
FEDERATED SYSTEMS GROUP, INC.



FILED
06 APR 19 AM 9:00
TALLAHASSEE, FLORIDA

Principal Place of Business
**7 WEST SEVENTH ST.
CINCINNATI, OH 45202**

Mailing Address
**C/O FEDERATED CORPORATE SERVICES, INC
7 WEST SEVENTH ST
CINCINNATI, OH 45202 US**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1419869	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **500072758655**
04/28/06--01035--006 **1800.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRODERICK, DENNIS J 7 WEST SEVENTH ST. CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELSKY, JOEL 7 WEST SEVENTH ST. CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COLE, TOM 5985 STATE BRIDGE RD. DULUTH, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYS, BRADLEY R 7 WEST SEVENTH ST. CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COX, JACK B 7 WEST SEVENTH ST. CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: *Jack B. Cox* Jack B. Cox, Asst. Secretary 4/13/06 (513) 579-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #