

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000001705

1. Entity Name  
OPTIO SOFTWARE, INC.



Principal Place of Business

3015 WINDWARD PLAZA  
ALPHARETTA, GA 30005

Mailing Address

3015 WINDWARD PLAZA  
ALPHARETTA, GA 30005

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-1435435

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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

*Signature, typed or printed name of registered agent and title if applicable*

*(NOTE: Registered Agent signature required when reinstating)*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CEOP
NAME	CAPE, C. WAYNE
STREET ADDRESS	9010 NESBIT FERRY ROAD, #17
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	CFO
NAME	BEMBRY, CAROLINE
STREET ADDRESS	310 KNOLLWOOD TERR
CITY-ST-ZIP	ROSWELL, GA 30075
TITLE	CTO
NAME	HATTON, DARYL
STREET ADDRESS	2410 KILMARNOCK CRESCENT
CITY-ST-ZIP	NORTH VANCOUVER, BC V7J 2Z2
TITLE	SVPD
NAME	KRAFT, TERRY
STREET ADDRESS	380 OXFORD MEADOW RUN
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	SVPS
NAME	O'CALLAGHAN, PAUL
STREET ADDRESS	815 FALLS POINT CIRCLE
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	D
NAME	BECK, BOB
STREET ADDRESS	608 MATHIS AIRPORT
CITY-ST-ZIP	SUWANEE, GA 30022

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Caroline Bembry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/05

7705763525