

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 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**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CAPE, C. WAYNE 545 BRIGHTMORE DOWNS ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BEMBRY, CAROLINE 310 KNOLLWOOD TERR ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO HATTON, DARYL 2410 KILMARNOCK CRESCENT NORTH VANCOUVER, BC V7J 2Z2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD FRENCH, DONALD 200 OLD TREE TRACE ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPM KAYE, STEVE 171 HIGHTOWER LAKE TRAIL BALL GROUND, GA 30107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACH, DAVID 905 TIVERTON LANE ALPHARETTA, GA 30022

000000587285  
01/17/07-80026-017 158.75

**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:**

*Caroline Bembry* **Caroline Bembry - CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/07 7705763525