


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-23-2004 90003 043 \*\*\*185:00  
F03000002939

DOCUMENT # F03000002939		
1. Entity Name JACADA, INC.		

FILED

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SECRETARY OF STATE  
TALLAHASSEE 54064558



Principal Place of Business 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346	Mailing Address 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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07162004 Chg-P CR2E034 (10/03)

4. FEI Number  
33-0563518

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALTERS, MICHAEL A 50 N. LAURA ST., SUITE 2200 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name: National Corporate Research Ltd Inc. Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street City: Tallahassee FL Zip Code: 32301
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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: *See attached*  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> HOLLANDER, GIDEON 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346 <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	<b>S</b> WANNAMAKER, LISA 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346 <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	<b>T</b> LIPHAM, SUSAN 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346 <input checked="" 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	<b>Treasurer</b> ALDWORTH, ROBERT 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lisa N. Wannamaker* VPr General Counsel  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 7-16-04 770 352-1340

Attachment

5406455-8

#F03000002939

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:

**JACADA, INC.**

2. The principal office address:

**400 Perimeter Center Terrace, Suite 100 Atlanta GA 30348**

3. The mailing address (if different):

4. Date of incorporation/qualification: **06/09/2003** Document number: **F03000002939**

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

**Michael A. Walters**

**50 N. Laura St., Suite 2200**

**Jacksonville FL 32202**

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**National Corporate Research, Ltd., Inc.**

**103 N. Meridian Street**

(P.O. Box or personal mailbox NOT acceptable)

**Tallahassee Florida 32301**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

**Susan Buscarnera**  
(Signature of Registered Agent)

**07/15/04**

(Date)

If signing on behalf of an entity:

**Susan Buscarnera**

(Typed or Printed Name)

**Assistant Secretary**

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314