

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90042 049 ***150.00

DOCUMENT # F03000002939

1. Entity Name
JACADA, INC.



Principal Place of Business
400 PERIMETER CENTER TERRACE, SUITE 100
ATLANTA, GA 30346

Mailing Address
400 PERIMETER CENTER TERRACE, SUITE 100
ATLANTA, GA 30346

50002176



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042008 Chg-P CR2E034 (12/06)

4. FEI Number
33-0563518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: CEO
NAME: HOLLANDER, GIDEON
STREET ADDRESS: 400 PERIMETER CENTER TERRACE, SUITE 100
CITY-ST-ZIP: ATLANTA, GA 30346 ☐ Delete

TITLE: D
NAME: BROIDA, TZVIA
STREET ADDRESS: 400 PERIMETER CNTR TERR, STE 100
CITY-ST-ZIP: ATLANTA, GA 30346 ☐ Delete

TITLE: T
NAME: WARFORD, JANICE
STREET ADDRESS: 400 PERIMETER CENTER TERRACE, SUITE 100
CITY-ST-ZIP: ATLANTA, GA 30346 ☐ Delete

TITLE: S
NAME: SHEFLER, OREN
STREET ADDRESS: 400 PERIMETER CNTR TERR, STE 100
CITY-ST-ZIP: ATLANTA, GA 30345 ☐ Delete

TITLE: D
NAME: BROIDA, TZVIA
STREET ADDRESS: 400 PERIMER CNTR TERR, STE 100
CITY-ST-ZIP: ATLANTA, GA 30346 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Director ☒ Change ☐ Addition
NAME: Hollander, Gideon
STREET ADDRESS: 400 Perimeter Center Terrace, Ste 100
CITY-ST-ZIP: Atlanta, GA 30346

TITLE: CEO ☐ Change ☒ Addition
NAME: Paul O'Callaghan
STREET ADDRESS: 400 Perimeter Center Terrace, Ste 100
CITY-ST-ZIP: Atlanta, GA 30346

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oren Shefler, Secretary

3-4-08

770-776-2215