2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002939

Entity Name: JACADA, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	IETER CENT GA 30346	ER TERRACE, SUITE 100					
Current Mailing Address:			New Maili	New Mailing Address:			
400 PERIM ATLANTA,		ER TERRACE, SUITE 100					
FEI Number:	33-0563518	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:		
515 E. PAR		TE RESEARCH, LTD, INC. 301 US					
The above in the State		submits this statement for the po	urpose of changing i	ts registered	office or registered agent, or both,		
SIGNATUR							
	Electro	nic Signature of Registered Age	nt		Date		
Election Carr	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS	AND DIREC	CTORS:	ADDITION	IS/CHANGES	S TO OFFICERS AND DIRECTORS	3:	
Title: Name: Address: City-St-Zip:	HOLLANDER,	ER CENTER TERRACE, STE. 100	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	O'CALLAGHA	ER CENTER TERRACE STE. 100	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WARFORD, J.	ER CENTER TERRACE, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SHEFLER, OF	ER CNTR TERR, STE 100	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BROIDA, TZVI	CNTR TERR, STE 100	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	HOLLANDER,	R CNTR TERR, STE 100		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OREN SHEFLER S 04/13/2009