

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90002 013 ***550.00

DOCUMENT # F04000004871

1. Entity Name
DATASTREAM SYSTEMS, INC.



Principal Place of Business
**50 DATASTREAM PLAZA
GREENVILLE, SC 29605**

Mailing Address
**50 DATASTREAM PLAZA
GREENVILLE, SC 29605**

2. Principal Place of Business
13560 MORRIS RD

3. Mailing Address
13560 MORRIS RD

Suite, Apt. #, etc.
4100

Suite, Apt. #, etc.
4100

City & State
ALPHARETTA GA

City & State
ALPHARETTA GA

Zip
30004

Country
USA

Zip
30004

Country
USA

05232006 Chg-P CR2E034 (11/05)

4. FEI Number
57-0813674

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**

7. Name and Address of New Registered Agent

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 \$550.00
Due by September 6, 2006**

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 | CEO BLACKWELL, LARRY G 50 DATASTREAM PLAZA GREENVILLE, SC 29605 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BUZZALINO, JAVIER 50 DATASTREAM PLAZA GREENVILLE, SC 29605 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCFO ESTEVEZ, C. ALEX 50 DATASTREAM PLAZA GREENVILLE, SC 29605 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STERLING, JOHN M III 50 DATASTREAM PLAZA GREENVILLE, SC 29605 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC BROCK, RICHARD T 2522 HABERSHAM ROAD ATLANTA, GA 30305 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHEN, IRA D 125 HALF MILE RD, SUITE 202 RED BANK, NJ 07701 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P D C. JAMES SCHAPER 13560 MORRIS RD # 4100 ALPHARETTA GA 30004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP GREGORY GIANGIORDANO 13560 MORRIS RD # 4100 ALPHARETTA GA 30004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO KEN SEXTON 13560 MORRIS RD # 4100 ALPHARETTA GA 30004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP THOMAS LYNCH 13560 MORRIS RD # 4100 ALPHARETTA GA 30004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JARETT JANIK 13560 MORRIS RD # 4100 ALPHARETTA GA 30004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARK HENRY 13560 MORRIS RD # 4100 ALPHARETTA GA 30004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: **MARK HENRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/2/06 678-319-4156