

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90006 009 \*\*\*158.75

**DOCUMENT #F06000003886**

1. Entity Name  
**RADIANT SYSTEMS, INC. OF GEORGIA**



Principal Place of Business  
**3925 BROOKSIDE PARKWAY  
ALPHARETTA, GA 30022**

Mailing Address  
**3925 BROOKSIDE PARKWAY  
ALPHARETTA, GA 30022**



01032008 Chg-P CR2E034 (12/06)

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

4. FEI Number  
**11-2749765**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLEMENT, WILLIAM A JR  
5726 REGISTRY OAKS LANE SE  
MABLETON, GA 30126** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
William A. Clement Jr.  
3925 Brookside Pkwy  
Alpharetta, GA 30022** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CCTO  
GOREN, ALAN  
3925 BROOKSIDE PKWY  
ALPHARETTA, GA 30022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CCTO  
Alon Goren  
3925 Brookside Pkwy  
Alpharetta, GA 30022** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
HEYMAN, JOHN  
3925 BROOKSIDE PKWY  
ALPHARETTA, GA 30022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Donna A. Lee  
3925 Brookside Pkwy  
Alpharetta, GA 30022** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
HEYMAN, ANDY  
3925 BROOKSIDE PKWY  
ALPHARETTA, GA 30022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
James S. Balloun  
3925 Brookside Pkwy  
Alpharetta, GA 30022** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFOS  
HAIDET, MARK  
3925 BROOKSIDE PKWY  
ALPHARETTA, GA 30022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
J. Alexander Douglas Jr.  
3925 Brookside Pkwy  
Alpharetta, GA 30022** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Michael Z. Kay  
3925 Brookside Pkwy  
Alpharetta, GA 30022** ☐ 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**

*Mark Haidet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/4/08*  
Date

*770-576-6000*  
Daytime Phone #