

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006225

FILED
Jan 09, 2012
Secretary of State

Entity Name: ZODIAC DATA SYSTEMS, INC.

Current Principal Place of Business:

11800 AMBER PARK DRIVE
SUITE 140
ALPHARETTA, GA 30009

New Principal Place of Business:

Current Mailing Address:

11800 AMBER PARK DRIVE
SUITE 140
ALPHARETTA, GA 30009

New Mailing Address:

FEI Number: 31-1776804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: NOVELLA, CHRISTIAN
Address: 11800 AMBER PARK DRIVE, SUITE 140
City-St-Zip: ALPHARETTA, GA 30009

Title: VCP
Name: CAMPBELL, SEAN M
Address: 11800 AMBER PARK DRIVE, SUITE 140
City-St-Zip: ALPHARETTA, GA 30009

Title: D
Name: PECK, KEN
Address: 11800 AMBER PARK DRIVE, SUITE 140
City-St-Zip: ALPHARETTA, GA 30009

Title: D
Name: FORNELL, GORDON
Address: 11800 AMBER PARK DRIVE, SUITE 140
City-St-Zip: ALPHARETTA, GA 30009

Title: S
Name: EDSON, MARK
Address: 11800 AMBER PARK DRIVE, SUITE 140
City-St-Zip: ALPHARETTA, GA 30009

Title: T
Name: WARDEN, KIMBERLY
Address: 11800 AMBER PARK DRIVE, SUITE 140
City-St-Zip: ALPHARETTA, GA 30009

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY R. WARDEN

CFO

01/09/2012

Electronic Signature of Signing Officer or Director

Date