2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000178

Entity Name: STOLZ SAILPOINTE MANAGER, INC.

366 NORTH MAIN STREET SUITE 400

ALPHARETTA, GA 30004

Address:

City-St-Zip:

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 366 NORTH MAIN STREET SUITE 400 ALPHARETTA, GA 30004 **Current Mailing Address: New Mailing Address:** 366 NORTH MAIN STREET SUITE 400 ALPHARETTA, GA 30004 FEI Number: 20-8184787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE #4 WESTON, FL 33331 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **CPVS** () Delete () Change () Addition STOLZ, I. WILLIAM III Name: Name: 366 NORTH MAIN STREET SUITE 400 Address: Address: City-St-Zip: ALPHARETTA, GA 30004 City-St-Zip: Title: Title: () Change () Addition () Delete Name: STOLZ, I. WILLIAM III Name:

Address:

City-St-Zip:

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: I. WILLIAM STOLZ III CPVS 03/19/2008