

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001305

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: DATATRAC CORPORATION

## Current Principal Place of Business:

4550 NORTH POINT PARKWAY  
SUITE 200  
ALPHARETTA, GA 30022

## New Principal Place of Business:

## Current Mailing Address:

4550 NORTH POINT PARKWAY  
SUITE 200  
ALPHARETTA, GA 30022

## New Mailing Address:

FEI Number: 58-1302506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, DON  
1455 90TH AVE., LOT A49  
LAKEWOOD VILLAGE, FL 32966      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: DUVALL, GARLAND W JR.  
Address: 5455 AVONSHIRE LANE  
City-St-Zip: COMMING, GA 30040

Title: S ( ) Delete  
Name: DUDLEY, ROBERT F  
Address: 570 PLEASANT ST.  
City-St-Zip: CANTON, MA 02021

Title: C ( ) Delete  
Name: LEACH, DAVID T  
Address: 905 TIVERTON LANE  
City-St-Zip: ALPHARETTA, GA 30022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: PORRAS, CHRISTOPHER P  
Address: 3283 SPRING WIND COURT  
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: ( ) Change ( ) Addition  
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: CHRISTOPHER P. PORRAS

CFO

02/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date