

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003072

FILED
Apr 25, 2009
Secretary of State

Entity Name: BUSINESS COMMUNICATION SYSTEMS, INC.

Current Principal Place of Business:

203 ABRI PLACE SW
LILBURN, GA 300476402

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2431
LILBURN, GA 300482431

New Mailing Address:

FEI Number: 58-2430135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIPS, A. HENRY
3730 CADBURY CIRCLE, APT. 625
VENICE, FL 34293 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: PSTP () Delete
Name: PHILIPS, WILLIAM H.
Address: 203 ABRI PLACE SW
City-St-Zip: LILBURN, GA 300476402

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTP (X) Change () Addition
Name: PHILIPS, WILLIAM H
Address: 203 ABRI PLACE SW
City-St-Zip: LILBURN, GA 300476402 US

Title: VP () Change (X) Addition
Name: JACKSON, CHRISTOPHER M
Address: 3250 COOPER WOODS DRIVE
City-St-Zip: LOGANVILLE, GA 300528207

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: WILLIAM H. PHILIPS

PSTP

04/25/2009

Electronic Signature of Signing Officer or Director

Date