
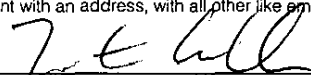


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90089 047 \*\*\*150.00

<b>DOCUMENT # F93000002269</b> 1. Entity Name <b>FRONTSTEP SOLUTIONS GROUP, INC.</b>			
Principal Place of Business <b>2800 CORPORATE EXCHANGE DR., COLUMBUS, OH 43231</b>		Mailing Address <b>2800 CORPORATE EXCHANGE DR., COLUMBUS, OH 43231</b>	
2. Principal Place of Business <b>1000 Windward Concourse Parkway</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Alpharetta, Georgia</b> Zip Country <b>30005 USA</b>		3. Mailing Address <b>1000 Windward Concourse Parkway</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Alpharetta, Georgia</b> Zip Country <b>30005 USA</b>	
4. FEI Number <b>31-1286706</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASEY, MICHAEL J 2800 CORPORATE EXCHANGE DRIVE COLUMBUS, OH 43231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Windward Concourse Parkway-Ste. 100 Alpharetta, Georgia 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AVALLONE, MARTIN D 2800 CORPORATE EXCHANGE DRIVE COLUMBUS, OH 43231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Windward Concourse Parkway-Ste. 100 Alpharetta, Georgia 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Martin D. Avallone, Secretary 2/2/04 (678) 319-8018	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	