

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005905

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: MACY'S SYSTEMS AND TECHNOLOGY, INC.

## Current Principal Place of Business:

7 WEST SEVENTH ST.  
CINCINNATI, OH 45202

## New Principal Place of Business:

## Current Mailing Address:

C/O FEDERATED CORPORATE SERVICES, INC  
7 WEST SEVENTH ST  
CINCINNATI, OH 45202 US

## New Mailing Address:

FEI Number: 31-1419869      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: BRODERICK, DENNIS J  
Address: 7 WEST SEVENTH ST.  
City-St-Zip: CINCINNATI, OH 45202

Title: D ( ) Delete  
Name: BELSKY, JOEL  
Address: 7 WEST SEVENTH ST.  
City-St-Zip: CINCINNATI, OH 45202

Title: CEO ( ) Delete  
Name: COLE, TOM  
Address: 5985 STATE BRIDGE RD.  
City-St-Zip: DULUTH, GA 30097

Title: S ( ) Delete  
Name: BALICKI, LINDA J  
Address: 611 OLIVE STREET  
City-St-Zip: ST. LOUIS, MO 63101

Title: AS ( ) Delete  
Name: COX, JACK B  
Address: 7 WEST SEVENTH ST.  
City-St-Zip: CINCINNATI, OH 45202

Title: P ( ) Delete  
Name: LEWARK, LARRY  
Address: 5986 STATE BRIDGE ROAD  
City-St-Zip: DULUTH, GA 30097

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JACK B. COX

AS

04/24/2008

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

\_\_\_\_\_  
Date