2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004496

COX, DOUGLAS L

600 COLLEGE ROAD EAST

PRINCETON, NJ 08540

Name:

Address:

City-St-Zip:

Entity Name: MACRO INTERNATIONAL INC

FILED Feb 05, 2008 Secretary of State

Littly Na	IIIE. WACKO	INTERNATIONAL INC.					
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
	TSVILLE DR ON, MD 2070	IVE, SUITE 300 05					
Current M	lailing Addre	ss:	New Maili	New Mailing Address:			
	TSVILLE DR ON, MD 2070	IVE, SUITE 300 05					
FEI Number	: 52-0955232	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent	:: Name and	Address of	New Registered Agent:		
1201 HAY TALLAHA	S STREET SSEE, FL 323						
	e named entity e of Florida.	submits this statement for t	the purpose of changing i	ts registered (office or registered agent, or	both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered	Agent		Date		
Election Ca	mpaign Financir	ng Trust Fund Contribution ().					
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	FULTON, STE	VILLE DRIVE, SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MURRAY, JAN	VILLE DRIVE, SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MAHNKE, GR	VILLE DR, STE 300	Title: Name: Address: City-St-Zip:	MAHNKE, GRE	VILLE DR, STE 300		
Title: Name: Address: City-St-Zip:	QUIRK, FRAN	VILLE DRIVE, SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	ASEC (K) Delete	Title:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JANET P. MURRAY CFO 02/05/2008