

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11962

FILED
Feb 17, 2005
Secretary of State

Entity Name: MCF SYSTEMS ATLANTA, INC.

Current Principal Place of Business:

5351 SNAPPINGER WOODS DRIVE
DECATUR, GA 30035 US

New Principal Place of Business:

Current Mailing Address:

5353 SNAPTINGER WOODS DR
DECATUR, GA 30035 US

New Mailing Address:

FEI Number: 59-2966975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, STEVEN D
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130 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: D () Delete
Name: MOSLEY, SIGMUND
Address: 945 E PACES FERRY RD, STE 2450
City-St-Zip: ATLANTA, GA

Title: D () Delete
Name: MENDEZ, CHARLES E. J, R.
Address: 5351 SNAPPINGER WOODS DRIVE
City-St-Zip: DECATUR, GA

Title: D () Delete
Name: FLECK, STEVEN WARREN,
Address: 5353 SNAPPINGER WOODS DR
City-St-Zip: DECATUR, GA

Title: D () Delete
Name: LOSURDO, ROBERT F
Address: 1724 WILLARD WAY
City-St-Zip: SNELLVILLE, GA 30078

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT F. LOSURDO

D

02/17/2005

Electronic Signature of Signing Officer or Director

Date