2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0100000087

Entity Name: MCCAMISH SYSTEMS, LLC

ATLANTA, GA 30339

City-St-Zip:

FILED Feb 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6425 POWERS FERRY RD, 3RD FL ATLANTA, GA 30339 **Current Mailing Address: New Mailing Address:** 6425 POWERS FERRY RD, 3RD FL ATLANTA, GA 30339 FEI Number: 58-2154577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** () Change () Addition () Delete MCCAMISH JR, HENRY F Name: Name: 6425 POWERS FERRY RD 3RD FL Address: Address: City-St-Zip: ATLANTA, GA 30339 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BECKHAM, J. GORDON JR Name: Name: Address: 6425 POWERS FERRY RD 3RD FL Address: City-St-Zip: ATLANTA, GA 30339 City-St-Zip: Title: MGR () Delete Title: () Change () Addition JONES, ROY M Name: Name: 6425 POWERS FERRY RD 3RD FL Address: Address: City-St-Zip: ATLANTA, GA 30339 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: THOMAS, SAMUEL D Name: 6425 POWERS FERRY RD 3RD FL Address: Address: City-St-Zip: ATLANTA, GA 30339 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BETTS, MICHAEL A Name: Name: 6425 POWERS FERRY RD 3RD FL Address: Address: City-St-Zip: ATLANTA, GA 30339 City-St-Zip: Title: () Delete Title: () Change () Addition BLACK, CAROL K Name: Name: Address: 6425 POWERS FERRY RD 3RD FL Address:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: HENRY F. MCCAMISH, JR. MGR 02/12/2004