

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P15833**

1. Entity Name  
**MACKAY COMMUNICATIONS, INC.**



Principal Place of Business

**3691 TRUST DRIVE  
RALEIGH, NC 27616 US**

Mailing Address

**3691 TRUST DRIVE  
RALEIGH, NC 27616 US**

**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-1550100**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRATT, BEN L. 308 SWAN'S MILL CROSSING RALEIGH, NC 27614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PRATT, GRETCHEN G. 308 SWAN'S MILL CROSSING RALEIGH, NC 27614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST SCHLACKS, JEFFREY 12137 LOCKHART LANE RALEIGH, NC 27614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARRA, JOHN 3 MONTREAL SQUARE MARLBORO, NJ 07746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ECKSTINE, DAVID A 733 CHURCHILL DRIVE WAKE FOREST, NC 27587
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEMOINE, DAVID M 2643 WEST DALLAS ST HOUSTON, TX 77019

U000000749402  
05/18/07-80020-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 119, 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:** **David A. Eckstine, VP & Controller**

**04/23/2007**

**(919) 850-3046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #