2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# P15833

Entity Name: MACKAY COMMUNICATIONS, INC.

Current Principal Place of Business:

3691 TRUST DRIVE
RALEIGH, NC 27616 US

New Principal Place of Business:

Current Mailing Address:

3691 TRUST DRIVE
RALEIGH, NC 27616 US

New Mailing Address:

FEI Number: 56-1550100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: PRATT, BEN L.
Address: 308 SWAN'S MILL CROSSING
City-St-Zip: RALEIGH, NC 27614

Title: DV ( ) Delete
Name: PRATT, GRETCHEN G.,
Address: 308 SWAN'S MILL CROSSING
City-St-Zip: RALEIGH, NC 27614

Title: PDST ( ) Delete
Name: SCHLACKS, JEFFREY
Address: 12137 LOCKHART LANE
City-St-Zip: RALEIGH, NC 27614

Title: VP ( ) Delete
Name: MARRA, JOHN
Address: 3 MONTREAL SQUARE
City-St-Zip: MARLBORO, NJ 07746

Title: VP ( ) Delete
Name: ECKSTINE, DAVID A
Address: 733 CHURCHILL DRIVE
City-St-Zip: WAKE FOREST, NC 27587

Title: VP ( ) Delete
Name: LEMOINE, DAVID M
Address: 2643 WEST DALLAS ST
City-St-Zip: HOUSTON, TX 77019

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: DOUGLAS HANSON MGR 07/25/2008

Electronic Signature of Signing Officer or Director Date