2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P20676

1. Entity Name MICROS POS, INC.

Principal Place of Business

7031 COLUMBIA GATEWAY DR. COLUMBIA, MD 21046-2289

Mailing Address

7031 COLUMBIA GATEWAY DR. COLUMBIA. MD 21046-2289

FILED

2007 SEP 17 PM 2: 38

SECRETARY OF STATE TALLAHASSEE.FLORIDA



07302007

No Chg-P

CR2E034 (11/05)

4. FEI Number 52-1101488

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its registe	ered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	e if applicable (NOTE: Registe	red Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			<u> </u>
TITLE	P				
NAME	GIANNOPOULOS, A L				
STREET ADDRESS	6125 WOODEN RUN DRIVE			2****	Similar Annia Annia Annia Sannia Sinnia Sinnia Sinnia Sinnia Sinnia
CITY-ST-ZIP	COLUMBIA, MD 21044			.000109522650	
TITLE	VP			U3/ I	7/0701047001 **150.00
NAME	KAUFMAN, GARY				
STREET ADDRESS	7031 COLUMBIA GATEWAY DR				
CITY-ST-ZIP	COLUMBIA, MD 21046				
TITLE	S				
NAME	PATZ, THOMAS L				
STREET ADDRESS	6953 WESTCOTT PLACE			D0	NOT WOITE
CITY-ST-ZIP	CLARKSVILLE, MD 21029			טע	NOT WRITE
TITLE	D		_	INI	THIS SPACE
NAME	BROWN, LOUIS M JR			III	I NIS SPACE
STREET ADDRESS	1665 KENWOOD AVE				
CITY-ST-ZIP	ALEXANDRIA, VA 22302				
TITLE	VP				
NAME	RUSSO, CYNTHIA A				ı
STREET ADDRESS	4628 AUTUMN WOODS WAY				
CITY-ST-ZIP	ELLICOTT CITY, MD 21043		ŀ		
TITLE	EVP		7		
*****	ADMETRONIC THOMAS D				

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 607, 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:

STREET ADDRESS CITY-ST-ZIP 6900 LUPINE LN

MCLEAN, VA 89117

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

Daytime Phone #

9/18