## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P20676

Entity Name: MICROS POS, INC.

FILED Aug 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	MBIA GATEW, , MD 21046228				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	MBIA GATEW, MD 21046228				
FEI Number: 5	52-1101488	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:					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US					
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	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	P () E GIANNOPOULOS 6125 WOODEN F COLUMBIA, MD	RUN DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () E KAUFMAN, GARY 7031 COLUMBIA COLUMBIA, MD	GATEWAY DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () E PATZ, THOMAS L 6953 WESTCOT CLARKSVILLE, M	T PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E BROWN, LOUIS 1665 KENWOOD ALEXANDRIA, VA	AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () E RUSSO, CYNTHI 4628 AUTUMN W ELLICOTT CITY,	OODS WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EVP () E ARMSTRONG, TH 6900 LUPINE LN MCLEAN, VA 89		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: CYNTHIA RUSSO SVP 08/13/2009