

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22878

FILED
Apr 22, 2008
Secretary of State

Entity Name: AG COMMUNICATION SYSTEMS CORPORATION

Current Principal Place of Business:

600-700 MOUNTAIN AVE
ROOM 3C-515
MURRAY HILL, NJ 07974

New Principal Place of Business:

Current Mailing Address:

800 NORTH POINT PKWY
ROOM 83N370G
ALPHARETTA, GA 30005

New Mailing Address:

800 NORTH POINT PKWY
ATTN: BUSINESS LICENSE DEPT
ALPHARETTA, GA 30005

FEI Number: 36-3615308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P () Delete
Name: CHRISTY-LANGENFELD, CHRISTY
Address: 600-700 MOUNTIAN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: VPS () Delete
Name: GRACIA, JORGE
Address: 2400 SW 145 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Delete
Name: MORRISON, PATRICK
Address: 600-700 MOUNTAIN AVENUE
City-St-Zip: MURRAY HILL, NJ 07974

Title: VPT () Delete
Name: MC GLONE, DENISE
Address: 600-700 MOUNTAIN AVE
City-St-Zip: MURRAY HILL, NJ 07974

Title: AS () Delete
Name: BATTLE, DORIS
Address: 800 NORTH POINT PKWY
City-St-Zip: ALPHARETTA, GA 30005

Title: AS () Delete
Name: VICKERS, JAMES
Address: 800 NORTH POINT PARKWAY
City-St-Zip: ALPHARETTA, GA 30005

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: VPT (X) Change () Addition
Name: GUNN, GLENN
Address: 3400 W PLANO PARKWAY
City-St-Zip: PLANO, TX 75075

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: DORIS BATTLE

AS

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date