
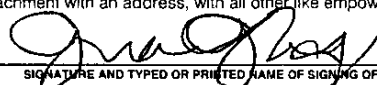


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90982 022 ***150.00

DOCUMENT # P40838 1. Entity Name XPEDITE SYSTEMS, INC.					
Principal Place of Business 3399 PEACHTREE ROAD NE #600 ATLANTA, GA 30326 US			Mailing Address 100 TORMEE DRIVE TINTON FALLS, NJ 07712 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5:00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, BOLAND 3399 PEACHTREE RD THE LENOX BLDG ATLANTA, GA 30326		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLRED, JEFFREY 3399 PEACHTREE RD THE LENOX BLDG ATLANTA, GA 30326		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEE PROVOW, TRAVIS 3399 PEACHTREE RD. NE, STE 700 ATLANTA, GA 30326		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ASKINS, L. SCOTT 3399 PEACHTREE RD. NE, STE 700 ATLANTA, GA 30326		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ELWOOD, JOHN 3399 PEACHTREE RD., SUITE 600 ATLANTA, GA 30326		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Deborah F. mesheffrey 3399 Peachtree Rd, Ste 600 Atlanta, GA 30326	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VINCENT, DEVITA 100 TORMEE DRIVE TINTON FALLS, NJ 07712		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sr VP - Global Operations Joe Melfi 100 Tormee Dr Tinton Falls, NJ 07753	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			4128105 7323893900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		