

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096302

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: QIRRA CUSTOM SOFTWARE, INC.

## Current Principal Place of Business:

3728 PHILLIPS HWY  
SUITE 64  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

## Current Mailing Address:

5620 GLENRIDGE DR NE  
ATTN: TAX DEPT  
ATLANTA, GA 30342

## New Mailing Address:

FEI Number: 59-3580932      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 BLVD  
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: CHD ( ) Delete  
Name: DAVIS, GROVER L  
Address: 5620 GLENRIDGE DR NE  
City-St-Zip: ATLANTA, GA 30342

Title: PD ( ) Delete  
Name: THOMAS, LARRY  
Address: 3728 PHILLIPS HWY STE 64  
City-St-Zip: JACKSONVILLE, FL 32207

Title: EVPD ( ) Delete  
Name: GIBLIN, JOHN F  
Address: 5620 GLENRIDGE DR NE  
City-St-Zip: ATLANTA, GA 30342

Title: SD ( ) Delete  
Name: RESCIGNO, PETER J  
Address: 5620 GLENRIDGE DR NE  
City-St-Zip: ATLANTA, GA 30342

Title: T ( ) Delete  
Name: CAPORASO, JOSEPH R  
Address: 5620 GLENRIDGE DR NE  
City-St-Zip: ATLANTA, GA 30342

Title: D ( ) Delete  
Name: ROGERS, HOWARD L  
Address: 5620 GLENRIDGE DR NE  
City-St-Zip: ATLANTA, GA 30342

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHD (X) Change ( ) Addition  
Name: CRAWFORD, THOMAS W  
Address: 5620 GLENRIDGE DR NE  
City-St-Zip: ATLANTA, GA 30342

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVPS (X) Change ( ) Addition  
Name: RESCIGNO, PETER J  
Address: 5620 GLENRIDGE DR NE  
City-St-Zip: ATLANTA, GA 30342

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PORTER, PHILIP G  
Address: 5620 GLENRIDGE DR NE  
City-St-Zip: ATLANTA, GA 30342

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER J. RESCIGNO

SVPS

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date