


2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-23-2004 90003 043 ***185:00
F03000002939

DOCUMENT # F03000002939

1. Entity Name
JACADA, INC.



FILED
04 JUL 28 PM 2:49
SECRETARY OF STATE
TALLAHASSEE 54064558

Principal Place of Business' Mailing Address
400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346 **400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07162004 Chg-P CR2E034 (10/03)

4. FEI Number **33-0563518** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
WALTERS, MICHAEL A
50 N. LAURA ST., SUITE 2200
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
Name: **National Corporate Research Ltd Inc.**
Street Address (P.O. Box Number is Not Acceptable)
103 N. Meridian Street
City **Tallahassee** FL Zip Code **32301**

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 see attached DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing 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 DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR CEO <input type="checkbox"/> Delete HOLLANDER, GIDEON 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete WANNAMAKER, LISA 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete LIPHAM, SUSAN 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Delete ALDWORTH, ROBERT 400 PERIMETER CENTER TERRACE, SUITE 100 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lisa N. Wannmaker VPr General Counsel **7-16-04**
DATE: **7-16-04** DAYTIME PHONE: **770 352-1360**

Attachment

5406455-8

F03000002939

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:

JACADA, INC.

2. The principal office address:

400 Perimeter Center Terrace, Suite 100 Atlanta GA 30348

3. The mailing address (if different):

4. Date of incorporation/qualification: **06/09/2003** Document number: **F03000002939**

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael A. Walters

50 N. Laura St., Suite 2200

Jacksonville FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

National Corporate Research, Ltd., Inc.

103 N. Meridian Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



(Signature of Registered Agent)

07/15/04

(Date)

If signing on behalf of an entity:

Susan Buscarnera

(Typed or Printed Name)

Assistant Secretary

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314