

No. 069715	Idaho Corporation Annual Report Form		2. Registered Agent and Office													
Return To Secretary of State Room 201, Statehouse Boise, ID 83720 88 JUL 25 PM 2 18 CO. OF STATE	Due No Later Than November 1, 1988		CT CORPORATION SYSTEM 300 NORTH 6TH STREET BOISE, IDAHO 83701 ENTERED AUG 4 1988													
	1. Mailing Address — Please Correct 069715 MSA, THE SOFTWARE COMPANY WILLIAM M. GRAVES 3445 PEACHTREE ROAD N.E. ATLANTA, GEORGIA 30326				3. Incorporated Under The Laws of STATE OF GEORGIA											
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td colspan="4" rowspan="3">see attachments</td> </tr> <tr> <td>Secretary:</td> </tr> <tr> <td>Directors:</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	see attachments				Secretary:	Directors:
Name	Street or P.O. Address	City	State	Zip												
President:	see attachments															
Secretary:																
Directors:																
5. Nature of Business Inactive Corp	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Name (Typed or Printed) J. SIGMUND MOSLEY JR.</td> <td>7/14/88</td> </tr> <tr> <td></td> <td>Title Sec/Treas.</td> </tr> </table>				Signature	Date	Name (Typed or Printed) J. SIGMUND MOSLEY JR.	7/14/88		Title Sec/Treas.						
Signature	Date															
Name (Typed or Printed) J. SIGMUND MOSLEY JR.	7/14/88															
	Title Sec/Treas.															

OFFICIAL
TITLE

NAME	ADDRESS
JOHN P. IMLAY	3445 PEACHTREE RD NE ATLANTA, GA 30326
WILLIAM M. GRAVES	3445 PEACHTREE RD NE ATLANTA, GA 30326
I SIGMUND MOSLEY, JR.	3445 PEACHTREE RD NE ATLANTA, GA 30326
I SIGMUND MOSLEY, JR.	3445 PEACHTREE RD NE ATLANTA, GA 30326 DIRECTOR

CEO

PRES

SEC

TREA

The registered office
hours. Please make

A. Please correct any pre-print

B. You may change the inform.
address must be the physical
any necessary changes on t

C. You must enter complete info

D. This report must be signed b
agent or attorney is NOT suff

manager, accountant,

E. Return completed annual rep

NAME	ADDRESS
JOHN P. IMLAY	999 STOVALL BLVD. ATLANTA, GA 30319
WILLIAM M. GRAVES	5 CHEROKEE ROAD N.W. ATLANTA, GA 30305
I SIGMUND MOSLEY, JR.	100 RIVERWOOD PLACE ATLANTA, GA 30339