

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91245 031 \*\*\*550.00

**DOCUMENT # 831195**

1. Entity Name  
**AFGD, INC.**

Principal Place of Business  
**1600 PARKWOOD CIR.  
 SUITE 300  
 ATLANTIC GA 30339  
 US**

Mailing Address  
**2201 WATER RIDGE PKWY  
 STE 400  
 CHARLOTTE NC 28217  
 US**

**551720**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1105024**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>BROOKS, JAMES R.</b>	
STREET ADDRESS	<b>1600 PARKWOOD CIRCLE, SUITE 300</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>KELSEY, MIKE J</b>	
STREET ADDRESS	<b>1600 PARKWOOD CR SUITE 300</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>KENNEDY, D. ROGER</b>	
STREET ADDRESS	<b>1600 PARKWOOD CIRCLE, SUITE 300</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BRADFORD, J.W. J</b>	
STREET ADDRESS	<b>1400 LINCOLN STREET, P. O. BOX 929</b>	
CITY-ST-ZIP	<b>KINGSPORT TN</b>	
TITLE	D, VP, S	<input type="checkbox"/> Delete
NAME	<b>KRAMER, S.E.</b>	
STREET ADDRESS	<b>1400 LINCOLN ST., P. O. BOX 929</b>	
CITY-ST-ZIP	<b>KINGSPORT TN</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>DOBIE, ROBERT E.</b>	
STREET ADDRESS	<b>2201 WATER RIDGE PKWY STE 400</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28217</b>	

TITLE	D and P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stilwell, John</b>	
STREET ADDRESS	<b>1600 Parkwood Circle, Suite 300</b>	
CITY-ST-ZIP	<b>Atlanta, GA</b>	
TITLE	Asst Secretary and Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Drometer, John</b>	
STREET ADDRESS	<b>1600 Parkwood Circle, Suite 300</b>	
CITY-ST-ZIP	<b>Atlanta, GA</b>	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kennedy, D. Roger</b>	
STREET ADDRESS	<b>1600 Parkwood Circle, Suite 300</b>	
CITY-ST-ZIP	<b>Atlanta, GA</b>	
TITLE	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kramer, Steven E.</b>	
STREET ADDRESS	<b>1400 Lincoln Street, P.O. Box 929</b>	
CITY-ST-ZIP	<b>Kingsport, TN</b>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Blevins, Larry</b>	
STREET ADDRESS	<b>1600 Parkwood Circle, Suite 300</b>	
CITY-ST-ZIP	<b>Atlanta, GA</b>	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Martineau, Brian</b>	
STREET ADDRESS	<b>1600 Parkwood Circle, Suite 300</b>	
CITY-ST-ZIP	<b>Atlanta, GA</b>	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT E. DOBIE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-01

Date

704-329-7627

Daytime Phone #

CR2E034 (10/00)

Attachment  
831195

Additional Officers for AFGD, Inc.

1. VP  
Fitzgerald, Paul  
1600 Parkwood Circle, Suite 300  
Atlanta, GA
  
2. Asst. Secretary  
Correnti, Christopher  
1400 Lincoln Street  
P.O. Box 929  
Kingsport, TN
  
3. Asst. Secretary  
Dankmyer, William  
1600 Parkwood Circle, Suite 300  
Atlanta, GA

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