


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 851572

1. Entity Name
HANSCOMB INC.




FILED
04 DEC 17 PM 1:21

Principal Place of Business 2500 MAITLAND CT. PKWY STE 311 MAITLAND, FL 32751 US		Mailing Address 817 W. PEACHTREE STREET 500 ATLANTA, GA 30308 US	
2. Principal Place of Business Suite, Apt. #, etc. 100 CANAL POINTE BLVD SUITE 212		3. Mailing Address City & State PRINCETON, NJ	
City & State	Zip	Country	Zip
MAITLAND, FL	32751	US	08540-7063

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/2/04 01068 012 SSU,100



11192004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD STE 311 PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
Zip Code		Zip Code	
FL		FL	

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 CT Corporation System James Nusome 12/13/04

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

REINSTATEMENT 04

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SDV	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLANCE, ANTHONY P.		NAME	THOMAS E. Wiggins	
STREET ADDRESS	655 MONTGOMERY ST SUITE 1710		STREET ADDRESS	817 W. PEACHTREE ST NW SUITE 500	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP	ATLANTA, GA 30308	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMER, PAUL		NAME	PAUL WOOD	
STREET ADDRESS	11-13 26TH STREET		STREET ADDRESS	100 CANAL POINTE BLVD, SUITE 212	
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-ZIP	PRINCETON, NJ 08540	
TITLE	DVT	<input checked="" type="checkbox"/> Delete	TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, PHIL		NAME	ROBERT SCHNITZER	
STREET ADDRESS	222 SOUTH RIVERSIDE PLAZA		STREET ADDRESS	2207 LOOKOUT Rd	
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP	HAYMARKET, VA 20169	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, WESLEY E JR		NAME	REZA AMIRKHALILI	
STREET ADDRESS	1175 PEACHTREE ST NE		STREET ADDRESS	1725 DUKE ST, SUITE 200	
CITY-ST-ZIP	ATLANTA, GA		CITY-ST-ZIP	ALEXANDRIA, VA 22314	
TITLE	CEOP	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISOLA, MICHAEL		NAME	ANDREW KAPP	
STREET ADDRESS	1725 DUKE ST. STE 200		STREET ADDRESS	100 CANAL POINTE BLVD, STE 212	
CITY-ST-ZIP	ALEXANDRIA, VA 22314		CITY-ST-ZIP	PRINCETON, NJ 08540	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	BARRY KENDRICK	
STREET ADDRESS			STREET ADDRESS	363 N. SAM HOUSTON PKWY E., SUITE 350	
CITY-ST-ZIP			CITY-ST-ZIP	HOUSTON, TX 77060	

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 another like empowered.

SIGNATURE: Andrew Kapp ANDREW KAPP 12/3/2004 609.514.0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #