


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90363 021 \*\*\*150.00

0626125 AT

<b>DOCUMENT # 851572</b>			
1. Entity Name <b>HANSCOMB INC.</b>			
Principal Place of Business <b>2500 MAITLAND CT. PKWY STE 311 MAITLAND FL 32751 US</b>		Mailing Address <b>1175 PEACHTREE ST NE STGE 1650 ATLANTA GA 30309 US</b>	
2. Principal Place of Business		3. Mailing Address <i>817 W. Peachtree street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>500</b>	
City & State <i>Atlanta GA</i>		City & State <b>Atlanta GA</b>	
Zip <b>30308</b>		Zip <b>30308</b>	
Country		Country	
4. FEI Number <b>36-2936187</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LANCELOT, TONY R 2500 MAITLAND CTR PKWY STE 311 MAITLAND FL 32751</b>		7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number, if any) <b>1200 South Pine Island Road</b> City <b>Plantation</b> FL Zip Code <b>33324</b>	
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 <i>JENNIFER F AULTMAN</i> <b>JENNIFER F AULTMAN</b> <b>ASSISTANT SECRETARY</b> DATE <b>04/22/03</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDV</b> <b>VALLANCE, ANTHONY P.</b> <b>655 MONTGOMERY ST SUITE 1710</b> <b>SAN FRANCISCO CA 94111</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. Vice President</b> <b>Paul Reimer</b> <b>11-13 E. 26th street</b> <b>New York, NY 10010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPV</b> <b>LANCELOT, TONY R.</b> <b>2500 MAITLAND CTR PKWY</b> <b>MAITLAND FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; CEO</b> <b>Michael D. Dell'Isola</b> <b>1725 Duke St. Ste. 200</b> <b>Alexandria VA 22314</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>WADE, PHIL</b> <b>222 SOUTH RIVERSIDE PLAZA</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MILLS, WESLEY E JR</b> <b>1175 PEACHTREE ST NE</b> <b>ATLANTA GA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>BROTHERS, ROBERT W</b> <b>1175 PEACHTREE ST SUITE 1650</b> <b>ATLANTA GA 30309</b> <input checked="" type="checkbox"/> Delete	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"/> Delete	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 empowerers.			
SIGNATURE: <i>Wesley E. Mills, Jr.</i> <b>W.E. Mills, Jr.</b>		Date <b>04/22/03</b> Daytime Phone # <b>404-881-0533</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)