

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90364 027 \*\*\*150.00

UNIFORM BUSINESS REPORT

**DOCUMENT # F01000002731**

1. Entity Name  
**AUMUND CORPORATION**



Principal Place of Business  
**2500 WINDY RIDGE PARKWAY, SUITE 450  
ATLANTA GA 30339**

Mailing Address  
**2500 WINDY RIDGE PARKWAY, SUITE 450  
ATLANTA GA 30339**



2. Principal Place of Business  
**2300 WINDY RIDGE PKY**

3. Mailing Address  
**2300 WINDY RIDGE PKY**

Suite, Apt., etc.  
**150 SOUTH**

City & State  
**ATLANTA GA**

City & State  
**ATLANTA GA**

Zip  
**30339**

Country  
**USA**

Zip  
**30339**

Country  
**USA**

4. FEI Number  
**58-1388968**

Applied For  
 Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>DC</b>	<input type="checkbox"/> Delete
NAME <b>AUMUND, FRANZ W</b>	
STREET ADDRESS <b>SALHOFFER STRASSE 17/D-47495</b>	
CITY-ST-ZIP <b>RHEINBERG, GERMANY</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>EHLERS, KARL F</b>	
STREET ADDRESS <b>SALHOFFER STRASSE 17/D-47495</b>	
CITY-ST-ZIP <b>RHEINBERG, GERMANY</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>TIESSEN, STEFAN M</b>	
STREET ADDRESS <b>1230 PEACHTREE STREET, SUITE 3100</b>	
CITY-ST-ZIP <b>ATLANTA GA 30309</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>DEUSSEN, HARTMUT</b>	
STREET ADDRESS <b>SALHOFFER STRASSE 17/ D-47495</b>	
CITY-ST-ZIP <b>RHEINBERG, GERMANY</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>CONROY, GEOFFREY</b>	
STREET ADDRESS <b>2500 WINDY RIDGE PARKWAY, SUITE 450</b>	
CITY-ST-ZIP <b>ATLANTA GA 30339</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2300 Windy Ridge Pky Suite 150 South</b>
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **GEOFFREY CONROY** PRESIDENT  
Date: \_\_\_\_\_ Daytime Phone #: **770-226-9578**

CPRE034 (10/02)