

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005410

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: OLDCASTLE RETAIL, INC.

**Current Principal Place of Business:**

8201 ARROWRIDGE BLVD.  
CHARLOTTE, NC 28273 US

**New Principal Place of Business:**

**Current Mailing Address:**

375 NORTHRIDGE ROAD  
SUITE 350  
ATLANTA, GA 30350 US

**New Mailing Address:**

FEI Number: 58-2652780      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: DEAN, JEFF  
Address: 9009 CORPORATE LAKE DR., SUITE 165  
City-St-Zip: TAMPA, FL 33685

Title: EVP ( ) Delete  
Name: MASKE, J. DAVID  
Address: 8201 ARROWRIDGE BLVD.  
City-St-Zip: CHARLOTTE, NC 28273

Title: D/AS ( ) Delete  
Name: O'DRISCOLL, MICHAEL G  
Address: 375 NORTHRIDGE RD. SUITE 350  
City-St-Zip: ATLANTA, GA 30350

Title: SEC ( ) Delete  
Name: MAJHER, DAVID J  
Address: 375 NORTHRIDGE RD. SUITE 350  
City-St-Zip: ATLANTA, GA 30350

Title: AS ( ) Delete  
Name: HICKMAN, GARY P  
Address: 375 NORTHRIDGE RD. SUITE 350  
City-St-Zip: ATLANTA, GA 30350

Title: D ( ) Delete  
Name: BLACK, DOUGLAS  
Address: 375 NORTHRIDGE RD. SUITE 350  
City-St-Zip: ATLANTA, GA 30350

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: ELLIOTT, KELLY A  
Address: 375 NORTHRIDGE RD. SUITE 350  
City-St-Zip: ATLANTA, GA 30350

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY P. HICKMAN

AS

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date