

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F0600000878			
1. Entity Name CORESLAB STRUCTURES (ATLANTA), INC.			
Principal Place of Business 1655 NOAH'S ARK ROAD JONESBORO GA 30236		Mailing Address P. P. BOX 246 JONESBORO GA 30237	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 58-2066048		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not using a...</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIOSA, MARIO	NAME	
STREET ADDRESS	332 JONES RD UNIT 8	STREET ADDRESS	
CITY-ST-ZIP	STONE CREEK ON L8E 5-N2	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIOSA, FRANK	NAME	
STREET ADDRESS	332 JONES RD UNIT 8	STREET ADDRESS	
CITY-ST-ZIP	STONE CREEK ON L8E 5-N2	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIOSA, DOMENIC	NAME	
STREET ADDRESS	332 JONES RD UNIT 8	STREET ADDRESS	
CITY-ST-ZIP	STONE CREEK ON L8E 5-N2	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, SIDNEY	NAME	
STREET ADDRESS	332 JONES RD UNIT 8	STREET ADDRESS	
CITY-ST-ZIP	STONE CREEK ON L8E 5-N2	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAATS, JOHN A	NAME	
STREET ADDRESS	170 LONGWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	JONESBORO GA 30236	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E034 (10/07)

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 04/22/08-80058-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 lists empowered.

SIGNATURE:  DATE: 4/12/08 770-471-1150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR