

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 22, 2009  
Secretary of State**

DOCUMENT# F07000005569

Entity Name: PREFERRED MATERIALS, INC.

**Current Principal Place of Business:**

900 ASHWOOD PARKWAY, SUITE 700  
ATLANTA, GA 30338

**New Principal Place of Business:**

**Current Mailing Address:**

375 NORTHRIDGE ROAD, SUITE 350  
ATLANTA, GA 30350

**New Mailing Address:**

13101 TELECOM DRIVE  
SUITE 101  
TAMPA, FL 33637

FEI Number: 26-1171248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: DUKE, ROBERT F PRES DIR  
Address: 900 ASHWOOD PARKWAY, SUITE 700  
City-St-Zip: ATLANTA, GA 30338

Title: VP ( ) Delete  
Name: MILLER, WILLIAM B VP  
Address: 900 ASHWOOD PARKWAY, SUITE 700  
City-St-Zip: ATLANTA, GA 30338

Title: S/T ( ) Delete  
Name: BROWN, CHARLES SECTRSR  
Address: 900 ASHWOOD PARKWAY, SUITE 700  
City-St-Zip: ATLANTA, GA 30338

Title: DIR ( ) Delete  
Name: BLACK, DOUGLAS DIR  
Address: 900 ASHWOOD PARKWAY, SUITE 700  
City-St-Zip: ATLANTA, GA 30338

Title: DIR ( ) Delete  
Name: MERGENS, RICK DIR  
Address: 900 ASHWOOD PARKWAY, SUITE 700  
City-St-Zip: ATLANTA, GA 30338

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: AS ( ) Change (X) Addition  
Name: HICKMAN, GARY P  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT DUKE

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date