

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90003 040 ***150.00

DOCUMENT # F97000000083

1. Entity Name
TENSAR EARTH TECHNOLOGIES, INC.



Principal Place of Business
**5883 GLENRIDGE DRIVE
SUITE 200
ATLANTA, GA 30328**

Mailing Address
**5883 GLENRIDGE DRIVE
SUITE 200
ATLANTA, GA 30328 US**

54063061



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

58-1779563

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME EGAN, PHIL
STREET ADDRESS 5883 GLENBRIDGE DRIVE STE 200
CITY-ST-ZIP ATLANTA, GA 30328

TITLE V ☐ Delete
NAME VEVODA, BOB
STREET ADDRESS 5883 GLENRIDGE DRIVE STES 200&201
CITY-ST-ZIP ATLANTA, GA 30328

TITLE S ☐ Delete
NAME BRIGGS, ROB
STREET ADDRESS 5883 GLENBRIDGE DR STE 200
CITY-ST-ZIP ATLANTA, GA 303093533

TITLE TD ☐ Delete
NAME SPEAR, KATHERINE
STREET ADDRESS 1230 PEACHTREE ST NE STE 2400
CITY-ST-ZIP ATLANTA, GA 303093533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5883 Glenridge Drive, Suite 200
CITY-ST-ZIP Atlanta, GA 30328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/04

404-214-5375