

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB -7 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/13/05 01025 009 \$758²⁵



2005 REIN-P-022998 (6/04) 05-06

DOCUMENT # F97000003905					
1. Entity Name ONITY INC.					
Principal Place of Business 2100A NANCY HANKS DR NORCROSS, GA 30071 US			Mailing Address 2100A NANCY HANKS DR NORCROSS, GA 30071 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0346174	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301				Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St City Tallahassee FL Zip Code 32301	
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				Jeanine Reynolds as its agent	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
				DATE 2-7-06	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			100062113521 02/24/06--01011--021 **150.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERCIVAL, SCOTT		NAME	Charles Veniez	
STREET ADDRESS	2100A NANCY HANKS DRIVE		STREET ADDRESS	2100A Nancy Hanks Dr.	
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP	Norcross Ga 30071	
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	CFO, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARN, RICHARD		NAME	David Marchuk	
STREET ADDRESS	2100A NANCY HANKS DRIVE		STREET ADDRESS	2100A Nancy Hanks Dr	
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP	Norcross Ga 30071	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, MANUEL		NAME	Mark Chavay	
STREET ADDRESS	2100A NANCY HANKS DRIVE		STREET ADDRESS	Nine Farm Springs Rd	
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP	Farmington CT 06034	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Asst Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ARNON		NAME	James Van Hoof	
STREET ADDRESS	2100A NANCY HANKS DRIVE		STREET ADDRESS	Nine Farm Springs Rd	
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP	Farmington CT 06034	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Asst Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, CHRISTOPHER		NAME	Paul Bousquet	
STREET ADDRESS	2100A NANCY HANKS DRIVE		STREET ADDRESS	Nine Farm Springs Rd	
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP	Farmington CT 06034	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Asst Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METIVIER, PASCAL		NAME	Sonia A. Hobbs	
STREET ADDRESS	2100A NANCY HANKS DRIVE		STREET ADDRESS	Nine Farm Springs Rd	
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP	Farmington CT 06034	
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 entries were.					
SIGNATURE:				Date 11/19/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 770-448-4145	