


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000003905

1. Entity Name
ONITY INC.



FILED
08 MAR -3 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #
2232 Northmont Parkway

3. Mailing Address
2232 Northmont Parkway

Suite, Apt. #, etc.

City & State
Duluth, GA

Country
USA

Zip
30096



02052008 Chg-P CR2E034 (12/06)

4. FEI Number
51-0346174

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VENIEZ, CHARLES 2100A NANCY HANKS DRIVE NORCROSS, GA 30071 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JOHNSON-BAILEY, DWINETTE 2100A NANCY HANKS DRIVE NORCROSS, GA 30071 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHRI, AKHIL 9 FARM SPRINGS ROAD FARMINGTON, CT 06032 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CINTRA, ANTONIO 9 FARM SPRINGS ROAD FARMINGTON, CT 06032 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FEYZAN, DALAY 9 FARM SPRINGS ROAD FARMINGTON, CT 06032 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Mark Gordon 2232 Northmont Parkway Duluth, GA 30096 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100120097661 03/12/08--01026--007 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Harold Folsom 9 Farm Springs Road Farmington, CT 06032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Duncan Gillis 9 Farm Springs Road Farmington, CT 06032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Jay Weaver 2232 Northmont Parkway Duluth, GA 30096 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dwinnette J. J...* **4/25/2008** **678-512-8058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #