

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90239 023 ****61.25

DOCUMENT # N29754

1. Entity Name
AIA TALLAHASSEE, INC.



Principal Place of Business
% P.O. BOX 14132
TALLAHASSEE FL 32317-0132
US

Mailing Address
% P.O. BOX 14132
TALLAHASSEE FL 32317-0132
US

90021828



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2299347**

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

7. Name and Address of New Registered Agent

WHITLOCK, CAM
1331 E LAFAYETTE ST STE B
TALLAHASSEE FL 32301

Name
ZAWROTHNY, KARIN
Street Address (P.O. Box Number is Not Acceptable)
7130 TURTLE CREEK LANE
City
TALLAHASSEE FL Zip Code
32312

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 *Karin E. Zawrothny* (TREASURER) 1/22/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHEAD, DON	
STREET ADDRESS	1980-C BUFORD BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, TERRY	
STREET ADDRESS	820 EAST PARIC AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MISTRY, FIROZ	
STREET ADDRESS	496 DOGWOOG TRAIL	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NATION, JOHN	
STREET ADDRESS	1382 TIMBERLANE RD., #C	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOSSONG, KEVIN	
STREET ADDRESS	1022 HOLLAND DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITLOCK, CAMDEN	
STREET ADDRESS	1331 E LAFAYETTE ST STE B	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAWROTHNY, KARIN	
STREET ADDRESS	7130 TURTLE CREEK LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATION, JOHN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSSONG, KEVIN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLOCK, CAMDEN	
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 617, 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: *Karin E. Zawrothny* 2/7/03 850 321 8448

CR2E037 (10/02)