

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03363

**FILED**  
**Jan 30, 2008**  
**Secretary of State**

**Entity Name:** PIEDMONT NATIONAL CORPORATION

**Current Principal Place of Business:**

1561 SOUTHLAND CIRCLE  
ATLANTA, GA 30318

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20118  
ATTN: CHRIS VINES  
ATLANTA, GA 30325

**New Mailing Address:**

PO BOX 20118  
ATTN: PHILIP SHAW  
ATLANTA, GA 30325

**FEI Number:** 58-0707747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DARRELL, RENNER GEN MGR  
5501-A AIRPORT ROAD  
TAMPA, FL 33634 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: MARX, ALBERT,  
Address: 1766 RIDGE VALLEY CT NW  
City-St-Zip: ATLANTA, GA

Title: SD ( ) Delete  
Name: ROBBINS, INGE M.,  
Address: 4300 SENTINEL POST RD NW  
City-St-Zip: ATLANTA, GA

Title: PD ( ) Delete  
Name: MARX, GARY  
Address: 3289 BELMONT GLEN DRIVE  
City-St-Zip: MARIETTA, GA 30067

**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:

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: PHILIP SHAW

CONT

01/30/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date