

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19482

FILED
May 01, 2006
Secretary of State

Entity Name: SOUTHERN ATLANTIC SUPPLY DIVISION, CORP.

Current Principal Place of Business:

15 E UNION AVE
BOX 115
EAST RUTHERFORD, NJ 07030 US

New Principal Place of Business:

Current Mailing Address:

375 NORTHRIDGE ROAD
SUITE 350
ATLANTA, GA 30350 US

New Mailing Address:

FEI Number: 22-1729463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: LYNCH, MICHAEL D
Address: 745 BROOKWOOD TRACE
City-St-Zip: ATLANTA, GA 30342

Title: D/AS () Delete
Name: O'DRISCOLL, MICHAEL G
Address: 600 TELEFORD PLACE
City-St-Zip: ATLANTA, GA 30342

Title: VP () Delete
Name: FEURY, ROBERT JR
Address: 27 HIDDEN PINE DRIVE
City-St-Zip: COLTS NECK, NJ 07722

Title: S/T () Delete
Name: REILLY, BRIAN
Address: 50 HIDDEN GLEN AVE
City-St-Zip: SPARTA, NJ 07871

Title: AS () Delete
Name: HICKMAN, GARY P
Address: 4034 NOBLEMAN POINT
City-St-Zip: DULUTH, GA 30097

Title: AS () Delete
Name: EGAN, CHARLES
Address: 84 FARLEY PLACE
City-St-Zip: ALLENDALE, NJ 07401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: LYNCH, MICHAEL D
Address: 745 BROOKWOOD TRACE
City-St-Zip: ATLANTA, GA 30342

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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 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: GARY P. HICKMAN

AS

05/01/2006

Electronic Signature of Signing Officer or Director

Date