2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State
02-01-2005 90028 024 ***150.00

DOCUMENT # P28310

1. Entity Name
PST SERVICES, INC.

Principal Place of Business	Mailing Address
~~2840 MT WILKINSON PKWY ATLANTA, GA 30339~~	~~2840 MT WILKINSON PKWY ATLANTA, GA 30339~~

5UUU5U47

01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1145 Sanctuary Pkwy.	1145 Sanctuary Pkwy.
Suite. 200	Suite. 200
Alpharetta, GA	Alpharetta, GA
Zip 30004 Country USA	Zip 30004 Country USA

4. FEI Number 58-1953146 ☐ 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 RD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURPHY, FRANK B 2840 MT. WILKINSON PARKWAY ATLANTA, GA 30339	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Pead, Philip M. 1145 Sanctuary Pkwy., Suite 200 Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEAD, PHILIP M 2840 MT. WILKINSON PARKWAY ATLANTA, GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Pead, Philip M. 1145 Sanctuary Pkwy., Suite 200 Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVCF PERKINS, CHRIS E 2840 MT. WILKINSON PARKWAY ATLANTA, GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Exec. VP, CFO Perkins, Chris 1145 Sanctuary Pkwy., Suite 200 Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT LESHYNSKI, CARYN 2840 MT WILKINSON PKWY ATLANTA, GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Leshynski, Caryn 1145 Sanctuary Pkwy., Suite 200 Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSC QUINER, PAUL J 2840 MT. WILKINSON PARKWAY ATLANTA, GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP, General Counsel & Secretary Quiner, Paul 1145 Sanctuary Pkwy., Suite 200 Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CALLAHAN, MICHAEL K 2840 MT. WILKINSON PARKWAY ATLANTA, GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Callahan, Mike 1145 Sanctuary Park, Suite 200 Alpharetta, GA 30004	☒ Change ☐ Addition

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 empowered.

SIGNATURE: _____ 1/26/05 (770) 237-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #