

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90561 004 ***150.00

DOCUMENT # P16217 1. Entity Name ONESOURCE FACILITY SERVICES, INC.					
Principal Place of Business 1600 PARK WOOD CIR STE 400 ATLANTIC, GA 30339 US			Mailing Address 1600 PARK WOOD CIR STE 400 ATLANTIC, GA 30339 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03172005 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 13-3083344				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES ST. STE. 105 TALLAHASSEE, FL 32301			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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	CEO JONES, CHERYL C 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BINDEMAN, MICHAEL S 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FRIEDLANDER, SCOTT E 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAID, PERRY J 7700 CONGRESS AVENUE, SUITE 3214 BOCA RATON, FL 33487	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS BLUESTEIN, PATRICIA G 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS DOBSON, NAOMI 1600 Parkwood Circle, Ste 400 Atlanta, GA 30339 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCNEESE, JACK L 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>Jack L McNeese</u> <u>4/21/2005</u> <u>770 308 0845</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					