


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90068 004 \*\*\*150.00

<b>DOCUMENT # F02000005533</b>			
1. Entity Name CYPRESS COMMUNICATIONS OF DELAWARE, INC.			
Principal Place of Business 15 PIEDMONT CENTER, STE. 610 ATLANTA, GA 30305		Mailing Address 15 PIEDMONT CENTER, STE. 610 ATLANTA, GA 30305	
2. Principal Place of Business - No P.O. Box # 4 Piedmont center		3. Mailing Address 4 Piedmont Center	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600	
City & State Atlanta GA		City & State Atlanta GA	
Zip 30305	Country Fulton	Zip 30305	Country Fulton
6. Name and Address of Current Registered Agent TCS CORPORATE SERVICES, INC. 515 E. PARK AVE. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable to (NOTE: Registered Agent signature required when re-instating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINGLER, ROBERT D 15 PIEDMONT CENTER, STE. 610 ATLANTA, GA 30305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4 Piedmont center Suite 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DRAKE, SCOTT 15 PIEDMONT CENTER, STE. 610 ATLANTA, GA 30305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4 Piedmont Center Suite 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SNIPES, DEENA 15 PIEDMONT CENTER, STE. 100 ATLANTA, GA 30305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer Dan Kalp 4 Piedmont Center Suite 600 Atlanta GA 30305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/21/07 (404) 809-2500 Date Daytime Phone #	

60020873



02212007 Chg-P CR2E034 (12/06)

4. FEI Number  
58-2330270 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required