## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 829556** 

Entity Name: HSI MANAGEMENT INC.

**Current Principal Place of Business:** 

5505 INTERSTATE NORTH PRKWY NW

ATLANTA, GA 30328

**Current Mailing Address:** 

5505 INTERSTATE NORTH PRKWY NW ATLANTA. GA 30328

FEI Number: 58-1119868 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Date Electronic Signature of Registered Agent

Title

Address

Officer/Director Detail:

Title SOLE DIRECTOR Title

HAMMER, JACK T TRIVERS, DOUGLAS C Name Name

5505 INTERSTATE N PKWY NW 5505 INTERSTATE NORTH PARKWAY Address Address

**EVP** 

5505 INTERSTATE NORTH PARKWAY

Date

**FILED** Apr 11, 2014

**Secretary of State** 

CC8437699618

ATLANTA GA 30328 City-State-Zip: City-State-Zip: ATLANTA GA 30328

Title V

Name SAUERS, JOHN Name

TRIVERS, DOUGLAS C Address 5505 INTERSTATE NORTH PARKWAY

ATLANTA GA 30328

City-State-Zip: ATLANTA GA 30328

Title **PRESIDENT** 

City-State-Zip:

Name HANCOCK, MACK

NW

5505 INTERSTATE NORTH PARKWAY Address

NW

ATLANTA GA 30328 City-State-Zip:

I hereby 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 all other like empowered.

04/11/2014 SIGNATURE: DOUGLAS C. TRIVERS **EVP** 

Electronic Signature of Signing Officer/Director Detail