

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002598

Entity Name: ELECTRONIC LEAD MANAGEMENT, INC.**Current Principal Place of Business:**950 E. PACES FERRY ROAD NE
SUITE 2600
ATLANTA, GA 30326**Current Mailing Address:**950 E. PACES FERRY ROAD NE
SUITE 2600
ATLANTA, GA 30326 US**FEI Number:** 27-2664986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name LEFAR, MARC
Address 950 E. PACES FERRY ROAD NE
 SUITE 2600
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR
Name PAYNE, KIM R.
Address 950 E. PACES FERRY ROAD NE
 SUITE 2600
City-State-Zip: ATLANTA GA 30326

Title SECRETARY
Name STARR, MARLON F.
Address 950 E. PACES FERRY ROAD NE
 SUITE 2600
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY
Name ABRAHAMSON, JUDY
Address 950 E. PACES FERRY ROAD NE
 SUITE 2600
City-State-Zip: ATLANTA GA 30326

Title TREASURER
Name BARBER, J. MICHAEL
Address 950 E. PACES FERRY ROAD NE
 SUITE 2600
City-State-Zip: ATLANTA GA 30326

Title VP
Name HERMAN, MICHAEL
Address 950 E. PACES FERRY ROAD NE
 SUITE 2600
City-State-Zip: ATLANTA GA 30326

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.

SIGNATURE: JUDY ABRAHAMSON**ASSISTANT SECRETARY 03/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date