

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002598

**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**5702369603CC**

**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