## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 17, 2008 8:00 am Secretary of State

Principal Place of Business   1600 PARKWOOD CRCLE   1600 PARKWOOD	DOCUMENT # 405269  1. Entity Name COASTAL STATES INDUSTRIES, INC.						04-17-2008	90033 0.	22 ****13	0.00
SUIT 400	Principal Place	⇒ of Business	Mailing Address		4007	U449				
ATLANTA, GA 30339 US  ATLANTA , GA 30339 US										
2. Principal Place of Business - No P.O. Box # 3. Mailing Andress    Suito, Apt. #, etc.   O4032008   Chg.P.   CR2E034 (12/06)  City & State   City & State   City & State   City & State   A. FEI Number   Sp-1400747   Not Applicable    Zip   Dourley   Zip   Country   Sp-1400747   Not Applicable    Fee Required    Fee						·				
Suite. Apt. F. etc.   Suite. Apt. F. etc.   Quid32008   Chg. P   CR2E034 (12/06)										
City & State  Country  Country  Country  Country  Stream Address of Status Deared  State Deared  State Deared  State Deared  State Deared  North  City FL  Zip Code  City  F	z. Principar Pi	ace of business - No P.O. Box #	3. Mailing Address	_			LLOY CHIES HICH BIND HOLI		U LUIT BJAIT ALBI	BBJ († LEB†
Sp. 1400747   Sp. 1007460   Sp. 1400747   Sp. 1007460   Sp. 1400747   Sp. 1007460   Sp. 1400747   Sp. 1007460   Sp. 1400746	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032008	Chg-P	CR2E03	4 (12/06)	
S. Certificate of Status Desired   Fee Required    6. Name and Address of Current Registered Agent    7. Name and Address of New Registered Agent    Name    CORPORATION SERVICE COMPANY    201 HAVS STREET    TALLAHASSEE, FL 32301-2525    City   FL   Zip Code    City   FL	City & State		City & State			1	747		- <del></del>	
S. Name and Address of Current Registered Agent	Zip	Country Zip C		Coun	untry 5. Certificate of Status Desired					
Name   Name   Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current f	Registered Agent	<u> </u>	1	7. Name and A	ddress of New Ro			
Street Address (P.O. Box Number is Not Acceptable)  City  FL  City  FL  Zip Code  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City					Name					
City FL Zip Code  8. The above named entity automits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the department of the familiar with, and accept the department of the familiar with, and accept the familiar with, an					Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Speaker, here or create name of registered agent and the flastestable. (MOTE Registered Agent septature required when remaising)  DATE  FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  Trust Fund Contribution.  DORES, CHERYL C JONES, CHERYL S JONES, CHERYL C JONES, CHERYL C JONES, CHERYL C JONES, CHERYL S JONES, CHERYL S JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL S JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL S JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL S JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERY										
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Speaker, here or create name of registered agent and the flastestable. (MOTE Registered Agent septature required when remaising)  DATE  FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  Trust Fund Contribution.  DORES, CHERYL C JONES, CHERYL S JONES, CHERYL C JONES, CHERYL C JONES, CHERYL C JONES, CHERYL S JONES, CHERYL S JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL S JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL S JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL S JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERYL C JONES, CHERYL S JONES, CHERY					City				Tip Code	
SIGNATURE Signature Interest or protect name of registered agent agent and later a professible. (NOTE: Registered Agent sepalative inquired when registatory)  PILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  CEO O DARKWOOD CIRCLE STE 400 OITY-SI-ZIP  ATLANTA, GA 30339  CITY-SI-ZIP  DEBEIS  TITLE  DOBSON, NAOMI 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339  TITLE  V DEBEIS MAKE SIREET ADDRESS CITY-SI-ZIP  DEBEIS  TITLE  DOBSON, NAOMI 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339  TITLE  V DEBEIS  TITLE  DVS  ATLANTA, GA 30339  TITLE  TITLE  TITLE  DVS  ATLANTA, GA 30339  TITLE  TI					City			<u>FL</u>	Zip Code	•
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### FILE NOW!!! FEE IS \$150.00 ### Add to Fees #### Add to Fees ###################################	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)	<del></del>	DATE	· · ·	
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		·	this filing does not qualify			d in Chapter 110	Florida Statutos 1	further see	ifu that the i-	dormatics.

indicated on this report or supplies with this ining coes not quality for the exemptions contained in Chapter 119, Florida Statutes. It further certify that the information indicated on this report or supplier ental 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 of xustee 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 angless, with all other like empowered.

Daytime Phone #

SIGNATURE:

ATTACHMENT

Coastal States Industries

**Officers** 

**Directors** 

James P McClure

CEO

James P McClure

1600 Parkwood Cr., Suite 400

1600 Parkwood Cr., Suite 400

Atlanta, GA 30339

Atlanta, GA 30339

James Lusk

CFO

James Lusk

1600 Parkwood Cr., Suite 400

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Atlanta, GA 30339

David L Farwell

Treasurer

1600 Parkwood Cr., Suite 400

Henrik C Slipsager 1600 Parkwood Cr., Suite 400

Atlanta, GA 30339

Atlanta, GA 30339

Sarah McConnell

1600 Parkwood Cr., Suite 400

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Secretary

Michael S. Bindeman

1600 Parkwood Cr., Suite 400

Atlanta, GA 30339

Senior Vice President