

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90638 022 ***150.00

DOCUMENT # 827193			
1. Entity Name Hobbs Group, Inc.			
Principal Place of Business 4401 Northside Parkway Suite 560 Atlanta, Georgia 30320		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-2191314		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, Florida 32308		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas A. Gouub	NAME	Carla M. Brown
STREET ADDRESS	4401 Northside Pkwy, Ste 560	STREET ADDRESS	4401 Northside Pkwy, #560
CITY-ST-ZIP	Atlanta, GA 30320	CITY-ST-ZIP	Atlanta, GA 30320
TITLE	Executive Vice President <input type="checkbox"/> Delete	TITLE	Assistant Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel J. Donovan	NAME	T. Gregory Richardson
STREET ADDRESS	3585 Engineering Dr., #300	STREET ADDRESS	4401 Northside Pkwy, #560
CITY-ST-ZIP	Norcross, GA 30092	CITY-ST-ZIP	Atlanta, GA 30320
TITLE	Executive Vice President <input type="checkbox"/> Delete	TITLE	
NAME	John F. McGrath	NAME	
STREET ADDRESS	1825 South Grant St #700	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	
TITLE	Executive Vice President <input type="checkbox"/> Delete	TITLE	
NAME	Edward F. McVey	NAME	
STREET ADDRESS	201 Swedesford Rd #180	STREET ADDRESS	
CITY-ST-ZIP	Mt Airy, PA 19355	CITY-ST-ZIP	
TITLE	Sr. VP & Secretary <input type="checkbox"/> Delete	TITLE	
NAME	Douglas J. MacIntyre	NAME	
STREET ADDRESS	4401 Northside Pkwy #560	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30320	CITY-ST-ZIP	
TITLE	Sr. VP & CFO <input type="checkbox"/> Delete	TITLE	
NAME	Bret D. Guidry	NAME	
STREET ADDRESS	4401 Northside Pkwy #560	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30320	CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Carla M. Brown		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		City/County/Phone # _____	

C0069529

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)