

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90129 019 ***150.00

DOCUMENT # 835222

1. Entity Name

ECM, INC.

Principal Place of Business

Mailing Address

**3333 RIVERWOOD PARKWAY
 SUITE 400
 ATLANTA GA 30339
 US**

**333 CUMBERLAND CIRCLE
 SUITE 400
 ATLANTA GA 30338
 US**

911982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1225492

Applied For
 Not Applicable

Zip

Country

Zip

Country

30339

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HOLDER, THOMAS M | |
| STREET ADDRESS | 3333 CUMBERLAND CIRCLE, SUITE 400 | |
| CITY-ST-ZIP | ATLANTA, GA 00000 30339 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | PENDREY, J.C., JR. | |
| STREET ADDRESS | 3333 CUMBERLAND CIRCLE, SUITE 400 | |
| CITY-ST-ZIP | ATLANTA, GA 00000 30339 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Thomas M. Hobler | |
| STREET ADDRESS | 3333 Riverwood Parkway, Suite 400 | |
| CITY-ST-ZIP | Atlanta, GA 30339 | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JC Pendrey, Jr. | |
| STREET ADDRESS | 3333 Riverwood Parkway, Suite 400 | |
| CITY-ST-ZIP | Atlanta, GA 30339 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

770-986-3000

Daytime Phone #