2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 8:00 am Secretary of State

1. Entity Nam SP RECY	MENT # 842889 CLING CORPORATION	عدد کانی کانی			02-20-2006 90035 027 ***150.00
Principal Place of Business 1895 PHOENIX BLVD: TOP PAPERMILL RD ATTN: ACCOUNTING DEPARTMENT ATLANTA, GA 30349 US Mailing Address 709 PAPERMILL RD ATTN: ACCOUNTING DEPARTMENT DUBLIN, GA 31027 US					
2. Principal Place of Business 245 Peachtree Center Ave, N.E. Suite Apt. #, etc. Suite Apt. #, etc.					
Suite 1800				01172006 Chg-P CR2E034 (11/05)	
City & State Atlanta, GA			· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For 58-1312936 Not Applicable	
Zip Country 30303 · US		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		ļ <u>-</u>	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM				Name Street Addr	ress (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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND E	_	11,	i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, JOSEPH R 1895 PHOENIX BLVD. STE 400 ATLANTA, GA 30349	∟ Delete		E ET ADDRESS 2	© Change □ Addition 245 Peachtree Center Ave, N.E., STE 1800 Attanta, GA 30303
TITLE	PD	☐ Defete	TITLE	E	Change
NAME STREET ADDRESS CITY-ST-ZIP	HAHN, THOMAS M 1895 PHOENIX BLVD. STE 400 ATLANTA, GA 30349			ET ADDRESS 2	245 Peachtree Center Ave, N.E., STE 1800 Attanta GA 30303
TITLE NAME	S GIDDENS, GLENN C	☐ Defete	TITLE		G. Glenn Giddens X Change Addition
STREET ADDRESS CITY-ST-ZIP	1895 PHOENIX BLVD, STE 400 ATLANTA, GA 30349			ET ADDRESS Z	245 Peachtree Center Ave, N.E., STE 1800 Atlanta GA 30303
TITLE NAME STREET ADDRESS	T CARTER, MARK O 1895 PHOENIX BLVD, STE 400	☐ Delete	TITLE NAM STRE	<u> </u>	Change
CITY-ST-ZIP	ATLANTA, GA 30349			-ST-ZIP	245 Peachtree Center Ave, N.E., STE 1800 Hlanta, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		·	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ľ	☐ Change ☐ Addition
12. I hereby of indicated	certify that the information supplied with to conthis report or supplemental report is	this filing does not qualify fo	r the exe	emptions conti	tained in Chapter 119, Florida Statutes. I further certify that the information is the same legal effect as if made under path; that I am an officer or director

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Slenn Signature and typed on Printed Name of Signing Officer on Director 1/18/06 (404) 979-6600