2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842889

GIDDENS, C. GLENN

ATLANTA, GA 30303

ATLANTA, GA 30303

WELLS, JOHN R

(X) Delete

TD

245 PEACHTREE CENTER AVE NE SUITE 1800

245 PEACHTREE CENTER AVE NE SUITE 1800

Name:

Title:

Name:

Address:

City-St-Zip:

Address City-St-Zip: FILED Jul 11, 2008 Secretary of State

Entity Nar	ne: SP REC`	CLING CORPORATIO	N				
Current Principal Place of Business:				New Principal Place of Business:			
245 PEACHTREE CENTER AVE NE SUITE 1800							
	GA 30303	US					
Current Mailing Address:				New Mailing Address:			
709 PAPER ATTN: ACC DUBLIN, G	COUNTING D	EPARTMENT JS					
FEI Number: 58-1312936 FEI Number Applied For ()		·() FEI Nui	FEI Number Not Applicable () Certificate of Status De				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 S. PII PLANTATI The above	ORATION SYS NE ISLAND R ON, FL 33324 named entity of Florida.	OAD 1 US	or the purpose o	of changing it	s registere	ed office or registered agent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registe	red Agent			Date	
Election Car	npaign Financin	g Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	GORMAN, JOS	EE CENTER AVE NE SUITE	1800	Title: Name: Address: City-St-Zip:	80 FIELD P	(X) Change () Addition RISTOPHER M POINT ROAD CH, CT 06830	
Title: Name: Address: City-St-Zip:	HAHN, THOMA	EE CENTER AVE NE SUITE	1800	Title: Name: Address: City-St-Zip:	P HAHN, THO 245 PEACH ATLANTA, C	ITREE CENTER AVE NE SUITE 1800	
Title [.]	s () Delete		Title [.]	т	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

EPSTEIN, JAY A

80 FIELD POINT ROAD

GREENWICH, CT 06830

() Change () Addition

SIGNATURE: THOMAS M HAHN **PRES** 07/11/2008