

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90030 033 ***150.00

DOCUMENT # 853042

1. Entity Name
TRAILER CONDITIONERS, INC.

Principal Place of Business Mailing Address
55 NE GLENLAKE PKWY 55 NE GLENLAKE PKWY
ATLANTA GA 30328 ATLANTA GA 30328
US US

00043318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 06-1060329		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ASAT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICA, EUGENE A.			NAME			
STREET ADDRESS	55 NE GLENLAKE PKWY			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, JAMES P			NAME			
STREET ADDRESS	55 GLENLAKE PARKWAY NE			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30328			CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MODEROW, JOSEPH R.			NAME			
STREET ADDRESS	55 NE GLENLAKE PKWY			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	D,VP,T,AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLANIN, ROBERT J.			NAME	Scott Davis		
STREET ADDRESS	55 NE GLENLAKE PKWY			STREET ADDRESS	55 Glenlake Parkway NE		
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP	Atlanta, GA 30328		
TITLE	ATAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGRESTA, MAURICE M.			NAME			
STREET ADDRESS	55 NE GLENLAKE PKWY			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESKEAN, MICHAEL L			NAME	Michael L. Eskew		
STREET ADDRESS	55 NE GLENLAKE PKWY			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			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: **Eugene A. Pica** 4-25-01 (404) 828-6093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)