

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90042 013 ***150.00

DOCUMENT # 854639 1. Entity Name WH SMITH AIRPORT PARTNERS INC.					
Principal Place of Business 3200 WINDY HILL ROAD 1500, WEST TOWER ATLANTA, GA 30339 US			Mailing Address 3200 WINDY HILL ROAD 1500, WEST TOWER ATLANTA, GA 30339 US		
2. Principal Place of Business 400 Galleria Pkwy. Suite, Apt. #, etc. 1500 City & State ATLANTA, GA Zip 30339 Country USA		3. Mailing Address 400 GALLERIA PKWY. Suite, Apt. #, etc. 1500 City & State ATLANTA, GA Zip 30339 Country USA		40007226 	
01132005 Chg-P CR2E034 (10/03)				4. FEI Number 58-1484851	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDOVER, RICHARD 3200 WINDY HILL RD., STE 1500 W ATLANTA, GA 30339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RICHARD HANDOVER 400 GALLERIA PKWY, SUITE 1500 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ANDERSON, PAUL 3200 WINDY HILL RD., STE 1500 W ATLANTA, GA 30339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CEO/D PAUL ANDERSON 400 GALLERIA PKWY, SUITE 1500 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARDNER, CATHERINE 3200 WINDY HILL RD STE. 1500 W. ATLANTA, GA 30339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CATHERINE GARDNER 400 GALLERIA PKWY, SUITE 1500 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANNING, MATHEW 3200 WINDY HILL RD STE. 1500 W. ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLIPSON, PAUL 3200 WINDY HILL RD, STE. 1500 W ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			1/25/05 678-486-1524		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CATHERINE GARDNER			Date Daytime Phone #		