

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90006 012 ***150.00

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DOCUMENT # 856946 1. Entity Name SUNLINK CORPORATION					
Principal Place of Business 1100 PEACHTREE ST., NE SUITE 1100 ATLANTA, GA 31309-4599 US			Mailing Address 1155 PEACHTREE ST., NE SUITE 1800 ATLANTA, GA 30309-3610 US		
2. Principal Place of Business 754 Peachtree Street, NE		3. Mailing Address Suite, Apt. #, etc. 3rd Floor			
City & State Atlanta, GA 30308-1206		City & State Zip USA		4. FEI Number 51-0270461	
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 THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	VSGC JOHNSON, FREDERICK W 675 W. PEACHTREE ST NW. SUITE 4300 ATLANTA, GA 30375	<input 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	D DUNN, REBECCA M 1155 PEACHTREE ST. NE, #2005 ATLANTA, GA 303093610	<input 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	P WEBBER, ROBERT M STE 1100-1100 PEACHTREE ST ATLANTA, GA 30309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 754 Peachtree Street, NE, 3rd Floor Atlanta, GA 30308-1206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DROEGE, MARK1 E 1155 PEACHTREE ST NE #1704 ATLANTA, GA 303093610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 1703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS IRVINE, JOYCE C STE 1800-1155 PEACHTREE ST ATLANTA, GA 30309	<input 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Joyce Clower Irvine</u> 2/28/06 (404) 249-4450 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Joyce Clower Irvine, Assistant Secretary					