

DOCUMENT # F00000000469

1. Entity Name
TSI MANAGEMENT CORPORATION

Principal Place of Business
3440 OAKCLIFF ROAD, SUITE 104
ATLANTA GA 30340

Mailing Address
3440 OAKCLIFF ROAD, SUITE 104
ATLANTA GA 30340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2213418

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

REESE, STUART
416 EAST GEORGIA STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME INGRAM, PHILLIP M
STREET ADDRESS 515 FARTHINGALE CT.
CITY-ST-ZIP ALPHARETTA GA 30022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☐ Delete
NAME MCGOVERN, MICHAEL
STREET ADDRESS 5910 LONG ISLAND DR., NW
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME UPCHURCH, HOWELL
STREET ADDRESS 2710 BROOK PARK WAY
CITY-ST-ZIP DORAVILLE GA 30340

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME LOGAN, DAVID N
STREET ADDRESS 155 HUNTERS COVE
CITY-ST-ZIP ROSWELL GA 30076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Phillip M. Ingram Phillip M. Ingram

Date

Daytime Phone #

1/04/01

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90028 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)