

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90034 014 ***150.00

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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



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

REESE, STUART
416 EAST GEORGIA STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP INGRAM, PHILLIP M 515 FARTHINGALE CT. ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC MCGOVERN, MICHAEL 5910 LONG ISLAND DR., NW ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UPCHURCH, HOWELL 2710 BROOK PARK WAY DORAVILLE, GA 30340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LOGAN, DAVID N 155 HUNTERS COVE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Phillip M. Ingram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/04

Daytime Phone #