2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 10, 2007 08:00 AM Secretary of State

1. Entity Name HEWITT, COLEMAN & ASSOCIATES, INC.		
Principal Place of Business Mailing Address 850 S. PLEASANTBURG DRIVE P.O. 80X 5500 GREENVILLE, SC 29607 GREENVILLE, SC 29606	[祖屋が編集 1/1/1 編集 1/1 編集 1 編集 1 編集 2 amatomation 2 amatoma	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent	07022007 No Chg-P CR2E034 (11/05) 4. FEI Number	ole .
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. SIGNATURE Signature, typed or printed name of registered agent and 6the if applicable. (NOTE: Registered Agent signature recipied.)	and the second s	ot
	\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS TITLE PSTD NAME WARNE, CHARLES R STREET ADDRESS 850 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC TITLE NAME STREET ADDRESS	U00000767404 07/10/07-80002-018 150.00	
CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions containdicated on this report or supplemental report is true and accurate and that my signature shall have to the corporation or the receiver of the supplemental true and accurate and that my signature shall have to the corporation or the receiver of the supplemental true and accurate and that my signature shall have to the corporation of the receiver of the supplemental true and accurate and that my signature shall have to the corporation of the receiver of the supplemental true and accurate and that my signature shall have to the corporation of the receiver of the supplemental true and accurate and that my signature shall have to the corporation of the receiver of the supplemental true and accurate and that my signature shall have to the corporation of the receiver of the supplemental true and accurate and that my signature shall have to the corporation of the receiver of the supplemental true and accurate and that my signature shall have to the corporation of the receiver of the supplemental true and accurate and that my signature shall have to the corporation of the receiver of the supplemental true and accurate and that my signature shall have to the corporation of the receiver of the supplemental true and accurate and t	ained in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607. Florida Statutes: and that my name access is Block 10 or Block 11.	r

CHARLES WARRE