## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE:

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # F00000002067 04-29-2004 90205 016 \*\*\*150.00 CSCM, INC., A GEORGIA CORPORATION Principal Place of Business Mailing Address 8302 DUNWOODY PLACE, SUITE 200 8302 DUNWOODY PLACE, SUITE 200 ATLANTA GA 30350 ATLANTA GA 30350 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 58-2531185 Not Applicable Zic Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUMMITT, DARLYNE Street Address (P.O. Box Number is Not Acceptable) 1737 ARDEN WAY South Third St. JACKSONVILLE BEACH FL 32250 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. printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change | Addition CARL, ROBERT D III NAME NAME STREET ADDRESS 8300 DUNWOODY PLACE, SUITE 209 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30350-3304 CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition SCOTT, MICHAEL R NAME NAME 8300 DUNWOODY PLACE, SUITE 209 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ATLANTA GA 30350-3304 CITY-ST-ZIP TITLE ASAT ☐ Delete Change Addition NAME LEO, REBECCA H NAME STREET ADDRESS 8302 DUNWOODY PL., STE 200 STREET ADDRESS CITY-ST-ZIE ATLANTA GA 30350-3304 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

**FILED**