2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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BY:

DOCUMENT # F00000002067

1. Entity Name
CSCM, INC., A GEORGIA CORPORATION

Principal Place of Business
8302 DUNWOODY PLACE, SUITE 200
ATLANTA GA 30350

Mailing Address
8302 DUNWOODY PLACE, SUITE 200
ATLANTA GA 30350

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

1st MOORE CR2E034 (10/05)

4. FEI Number 58-2531185 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
ELAM, CAREY L
3316 SOUTH THIRD ST., STE 101
JACKSONVILLE BEACH FL 32250

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPST	☐ Delete
NAME	CARL, ROBERT D III	
STREET ADDRESS	8300 DUNWOODY PLACE, SUITE 209	
CITY-ST-ZIP	ATLANTA GA 30350-3304	
TITLE	V	☐ Delete
NAME	SCOTT, MICHAEL R	
STREET ADDRESS	8300 DUNWOODY PLACE, SUITE 209	
CITY-ST-ZIP	ATLANTA GA 30350-3304	
TITLE	ASAT	☐ Delete
NAME	LEO, REBECCA H	
STREET ADDRESS	8302 DUNWOODY PL., STE 200	
CITY-ST-ZIP	ATLANTA GA 30350-3304	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	U00000449727	
STREET ADDRESS	03/09/06-80065-024 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [illegible] Treasurer 2-21-06 (770) 518-9020