2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91369 022 ***150.00

062S610 AT

DOCUMENT # F00000002866

1. Entity Name
THOMPSON COMPANY, INC. A GEORGIA CORPORATION

Principal Place of Business	Mailing Address
3475 LENOX RD. STE #300	3475 LENOX RD. STE #300
ATLANTA GA 30326	ATLANTA GA 30326

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3399 Peachtree Road		3399 Peachtree Road	
Suite, Apt. #, etc.: Suite 1210		Suite, Apt. #, etc.: Suite 1210	
City & State: Atlanta, GA		City & State: Atlanta, GA	
Zip: 30326	Country: USA	Zip: 30326	Country: USA

4. FEI Number 58-1317589 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POND, G. EDWARD
6220 S. ORANGE BLOSSOM TRAIL, STE #195
ORLANDO FL 32809

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POND, G. EDWARD		NAME		
STREET ADDRESS	2860 LAUREL GREEN CT.		STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA		CITY-ST-ZIP		
TITLE	CD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THOMPSON, WILLIAM L		NAME		
STREET ADDRESS	25 MT. PARON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #