

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90001 016 ***550.00

DOCUMENT # F00000003355

1. Entity Name

EVOLUTION NETWORKS SOUTH, INC.

Principal Place of Business
20 PERIMETER CENTER EAST
ATLANTA GA 30334

Mailing Address
20 PERIMETER CENTER EAST
ATLANTA GA 30334

2. Principal Place of Business

900 ASHWOOD PKWY.

3. Mailing Address

900 ASHWOOD PKWY

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

ATLANTA, GA

City & State

ATLANTA, GA

Zip

30338

Country

USA

Zip

30338

Country

USA

4. FEI Number

APPLIED FOR
58-2548460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **ENSOR, ERIC F**
 STREET ADDRESS **20 PERIMETER CENTER EAST**
 CITY-ST-ZIP **ATLANTA GA 30334**

TITLE **VSTD** ☐ Delete
 NAME **FRASER, BRUCE D**
 STREET ADDRESS **20 PERIMETER CENTER EAST**
 CITY-ST-ZIP **ATLANTA GA 30334**

TITLE **D** ☒ Delete
 NAME **SCHUTZ, JEFFREY H**
 STREET ADDRESS **20 PERIMETER CENTER EAST**
 CITY-ST-ZIP **ATLANTA GA 30334**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **900 ASHWOOD PKWY., SUITE 400**
 CITY-ST-ZIP **ATLANTA, GA 30338**

TITLE ☒ Change ☐ Addition
 NAME **MICHAEL GEISELHART**
 STREET ADDRESS **900 ASHWOOD PKWY., SUITE 400**
 CITY-ST-ZIP **ATLANTA, GA 30338**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

770-353-3521

Daytime Phone #

CR2E034 (10/00)