

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90039 001 \*\*\*300.00

**DOCUMENT # F00000007269**

1. Entity Name  
INTERNATIONAL SUPPLY CONSORTIUM, INC.



Principal Place of Business  
3300 WEST MONTAGUE AVENUE, SUITE 200  
CHARLESTON, SC 29418

Mailing Address  
11680 GREAT OAKS WAY  
ALPHARETTA, GA 30022

**66400395**



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1008221

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

**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, 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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
WEHRLE, H B III  
3300 WEST MONTAGUE AVENUE, SUITE 200  
CHARLESTON, SC 29418

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
WARREN, JAMES R  
3300 WEST MONTAGUE AVENUE, SUITE 200  
CHARLESTON, SC 29418

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
BATEMAN, JOEL  
3300 WEST MONTAGUE AVENUE, SUITE 200  
CHARLESTON, SC 29418

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
TALBOTT, WILLIAM T  
3300 WEST MONTAGUE AVENUE, SUITE 200  
CHARLESTON, SC 29418

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
ROSENBERG, JEFF  
3300 WEST MONTAGUE AVENUE, SUITE 200  
CHARLESTON, SC 29418

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TCFO  
WEHRLE, MICHAEL H.  
3300 WEST MONTAGUE AVENUE, SUITE 200  
CHARLESTON, SC 29418

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #