

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90070 034 ***150.00

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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

20006667



01112005 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WEHRLE, H B III
STREET ADDRESS	3300 WEST MONTAGUE AVENUE, SUITE 200
CITY - ST - ZIP	CHARLESTON, SC 29418
TITLE	CD
NAME	William Purser
STREET ADDRESS	3300 WEST MONTAGUE AVENUE, SUITE 200
CITY - ST - ZIP	CHARLESTON, SC 29418
TITLE	P
NAME	Chris Union
STREET ADDRESS	3300 WEST MONTAGUE AVENUE, SUITE 200
CITY - ST - ZIP	CHARLESTON, SC 29418
TITLE	V
NAME	N/A
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	AS
NAME	ROSENBERG, JEFF
STREET ADDRESS	3300 WEST MONTAGUE AVENUE, SUITE 200
CITY - ST - ZIP	CHARLESTON, SC 29418
TITLE	TCFO
NAME	WEHRLE, MICHAEL H.
STREET ADDRESS	3300 WEST MONTAGUE AVENUE, SUITE 200
CITY - ST - ZIP	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

Jeffrey S. Rosenberg, Asst. Sec. 01-12-05

Date

Daytime Phone #