## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # F00000007269**

1. Entity Name

INTERNATIONAL SUPPLY CONSORTIUM, INC.



FILED Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON, SC 29418

11680 GREAT OAKS WAY ALPHARETTA, GA 30022



01042006

No Chg-P

CR2E034 (11/05)

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

PLANTATION, FL 33324			IN THIS SPACE		
the obligat	tions of registered agent.	urpose of changing its registers	ed office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registere	d Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	CD WEHRLE, H B III 3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON, SC 29418 CD PURSER, WILLIAM 3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON, SC 29418			·	000000399233 02/01/06-80001-004 300,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<del></del> -	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TALBOTT, WILLIAM T 3300 WEST MONTAGUE AVENUE, SUITE 200 CHARLESTON, SC 29418			ÎN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSENBERG, JEFF 3300 WEST MONTAGUE AVENUE, SI CHARLESTON, SC 29418	JITE 200			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO WEHRLE, MICHAEL H. 3300 WEST MONTAGUE AVENUE SU CHARLESTON, SC 29418	JITE 200		,	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is five 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:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-Cle

Daytime Phone #