**2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000189

1. Entity Name



FILED Feb 09, 2004 8:00 am Secretary of State

02-09-2004 90033 024 ***150.00

THE MORRELL GROUP, INC.)				
Principal Place of Business Mailing Address 2375 PLEASANTVILLE ROAD 2375 PLEASANTVILLE RO DORAVILLE, GA 30362 DORAVILLE, GA 30362						t 66181 (1211 88111 88111 88111	il se rii se lii se l	ê î 11 50 6 10510 10	NIJ er i je j er e
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State		4. FEI Numb			 +	oplied For	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	legistered A	gent	
CTCORR	PORATION SYSTEM			Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address	(P.O. Box Numb	er is Not Acceptable	9)		
,	,			City			· · · · · · · · · · · · · · · · · · ·	Zip Code	
							FL	1 "	į
8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	egistere	ed office or registe	ered agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent in	d Agent signature require	ed when reinstating)		DATE		***		
				:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution					.00 May Be ded to Fees				, C .
10.	- OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	PD CUTTRILL, RICHARD J 1253 NEW MARKET AVENUE	☑ Delete	TITLE NAME STREE	F				☐ Change	☐ Addition
CITY-ST-ZIP	SOUTH PLAINFIELD, NJ 07080		CITY-	-ST-ZiP					
TITLE NAME	VS BIELONKO, MICHAEL E	☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1253 NEW MARKET AVENUE SOUTH PLAINFIELD, NJ 07080			ET ADORESS -ST-ZIP					
TITLE	سب سید سخی مید بشدی	سير. Delete چوټ	_TITLE	0-10s s	CONTRACTOR AND			☐ Change	Addition
NAME STREET ADDRESS	ALLEN, MARK E		NAME	- 1					}
CITY-ST-ZIP	2375 PLEASANTVILLE ROAD ATLANTA, GA 30362			et address -St-Zip					}
TITLE	D	☐ Delete	TITLE					Change	Addition
NAME	CHAPMAN, JOHN M		NAME						
,				ET ADDRESS					
CITY-ST-ZIP	HARTFORD, CT 06103		_	-ST-ZiP					
TITLE	SD JACOVETTI, FRANK A	☐ Delete	TITLE					Change	Addition
				ET ADDRESS		* _*			
CITY-ST-ZIP	SOUTH PLAINFIELD, NJ 03080			-ST-ZiP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	and a second of the second of	• •	. NAME			West		e e	
STREET ADDRESS CITY-ST-ZIP		- "	CITY-	ST-ZIP	•		U.F		-
12. I hereby o	certify that the information supplied with	this filing does not qualify for t	the exer	mption stated in Si	ection 119.07(3)	(i), Florida Statutes.	I further certi	fy that the in	nformation

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:	Trale a garante	Assistant Secretary	2.4-04	908-755-8400	
	SIGNATURE AND TYPED OF PRINTED NAME OF SIGNI	NG OFFICER OR DIRECTOR	Date	Daytime Phone #	