

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000328

FILED  
Aug 18, 2008  
Secretary of State

Entity Name: TOLSON, SIMPSON & ASSOCIATES, CONSULTING ENGINEERS, INC.

**Current Principal Place of Business:**

6025 CONNERS PARKWAY, SUITE 207  
NORCROSS, GA 30092

**New Principal Place of Business:**

**Current Mailing Address:**

6025 CONNERS PARKWAY, SUITE 207  
NORCROSS, GA 30092

**New Mailing Address:**

FEI Number: 58-1156725      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARTER, LAMAR M  
Address: 2886 JONES MILL ROAD  
City-St-Zip: DORAVILLE, GA 30360

Title: V ( ) Delete  
Name: MCMILLAN, CHESTER K  
Address: 1674 AUDEN LANE  
City-St-Zip: NORCROSS, GA 30093

Title: S ( ) Delete  
Name: FREEMAN, JAMES E  
Address: 104 TOWNSHIP WAY  
City-St-Zip: CANTON, GA 30115

Title: T ( ) Delete  
Name: ROESCHER, WALDO F JR.  
Address: 368 PLANTATION RIDGE CT.  
City-St-Zip: LOGANVILLE, GA 30052

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E FREEMAN

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08/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date