


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90127 021 ***150.00

DOCUMENT # F01000001035	
1. Entity Name APEX SUPPLY COMPANY, INC.	

Principal Place of Business 2500 BUTTON GWINNETT DRIVE ATLANTA, GA 30340	Mailing Address 2500 BUTTON GWINNETT DRIVE ATLANTA, GA 30340
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04072004 Chg-P CR2E034 (10/03)

4. FEI Number 58-2510145		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, SIDNEY	NAME	
STREET ADDRESS	2500 BUTTON GWINNETT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30340	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STODDART, JAMES	NAME	
STREET ADDRESS	5455 PACES FERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, HENRY H	NAME	
STREET ADDRESS	2500 BUTTON GWINNETT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30340	CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNDERMAN, PAUL H	NAME	Gundermann, Paul H.
STREET ADDRESS	2500 BUTTON GWINNETT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30340	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOME, CARIL B	NAME	Tome, Carol B.
STREET ADDRESS	2455 PACES FERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, FRANK L	NAME	
STREET ADDRESS	2455 PACES FERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	

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: *Paul H. Gundermann* *Asst. Secretary* 4/7/04 770-246-6703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #