

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90052 020 ***150.00

DOCUMENT # F01000002178
 1. Entity Name
 THE NORTH HIGHLAND COMPANY



Principal Place of Business Mailing Address
 550 PHARR ROAD 550 PHARR ROAD
 SUITE #850 SUITE #850
 ATLANTA, GA 30305 US ATLANTA, GA 30305 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

11132005 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
 58-1823492 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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | CEO | <input type="checkbox"/> Delete |
| NAME | PETERSON, DAVID MR. | |
| STREET ADDRESS | 550 PHARR ROAD, SUITE 850 | |
| CITY-ST-ZIP | ATLANTA, GA 30305 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | REARDON, DANIEL MR. | |
| STREET ADDRESS | 550 PHARR ROAD, SUITE 850 | |
| CITY-ST-ZIP | ATLANTA, GA 30305 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MORN, CHARLES MR. | |
| STREET ADDRESS | 550 PHARR ROAD, SUITE 850 | |
| CITY-ST-ZIP | ATLANTA, GA 30305 | |
| TITLE | CFO | <input type="checkbox"/> Delete |
| NAME | HANCOCK, J K MR. | |
| STREET ADDRESS | 550 PHARR ROAD, SUITE #850 | |
| CITY-ST-ZIP | ATLANTA, GA 30305 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CFO/SEC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hancock, J K Mr. | |
| STREET ADDRESS | 550 Pharr Road, Suite 850 | |
| CITY-ST-ZIP | Atlanta, GA 30305 | |
| TITLE | CAO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Greenage, Robert Mr. | |
| STREET ADDRESS | 550 Pharr Road, Suite 850 | |
| CITY-ST-ZIP | Atlanta, GA 30305 | |
| TITLE | BOARDMEMBER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Trapp, Mike, Mr. | |
| STREET ADDRESS | 12 Old Places NW | |
| CITY-ST-ZIP | Atlanta, GA 30327 | |

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: J. Keith Hunt Date: 1/17/05 Daytime Phone #: 704-258-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR