

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

**550 PHARR ROAD
SUITE #850
ATLANTA, GA 30305 US**

Mailing Address

**550 PHARR ROAD
SUITE #850
ATLANTA, GA 30305 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number

58-1823492

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ Delete
NAME **PETERSON, DAVID MR.**
STREET ADDRESS **550 PHARR ROAD, SUITE 850**
CITY-ST-ZIP **ATLANTA, GA 30305**

TITLE **VP** ☐ Delete
NAME **REARDON, DANIEL MR.**
STREET ADDRESS **550 PHARR ROAD, SUITE 850**
CITY-ST-ZIP **ATLANTA, GA 30305**

TITLE **D** ☐ Delete
NAME **MORN, CHARLES MR.**
STREET ADDRESS **550 PHARR ROAD, SUITE 850**
CITY-ST-ZIP **ATLANTA, GA 30305**

TITLE **CFO** ☐ Delete
NAME **HANCOCK, J K MR.**
STREET ADDRESS **550 PHARR ROAD, SUITE #850**
CITY-ST-ZIP **ATLANTA, GA 30305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO/SEC** ☒ Change ☐ Addition
NAME **Hancock, J K Mr.**
STREET ADDRESS **550 Pharr Road, Suite 850**
CITY-ST-ZIP **Atlanta, GA 30305**

TITLE **CAO** ☐ Change ☒ Addition
NAME **Greenage, Robert Mr.**
STREET ADDRESS **550 Pharr Road, Suite 850**
CITY-ST-ZIP **Atlanta, GA 30305**

TITLE **BOARDMEMBER** ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05

Date

704-238-0688

Daytime Phone #