


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000002178**

1. Entity Name  
**THE NORTH HIGHLAND COMPANY**



Principal Place of Business <b>550 PHARR ROAD SUITE #850 ATLANTA, GA 30305 US</b>	Mailing Address <b>550 PHARR ROAD SUITE #850 ATLANTA, GA 30305 US</b>
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06042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1823492</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C PETERSON, DAVID MR. 550 PHARR ROAD, SUITE 850 ATLANTA, GA 30305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP REARDON, DANIEL MR. 550 PHARR ROAD, SUITE 850 ATLANTA, GA 30305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORN, CHARLES MR. 550 PHARR ROAD, SUITE 850 ATLANTA, GA 30305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOS HANCOCK, J K MR. 550 PHARR ROAD, SUITE #850 ATLANTA, GA 30305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM TRAPP, MIKE MR 12 OLD PLACES NW ATLANTA, GA 30327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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06/12/07-80005-009 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Kirk Hancock **J Kirk Hancock, CFO** Date: 6/7/07 Daytime Phone #: 404-238-0688