

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002178

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE NORTH HIGHLAND COMPANY

Current Principal Place of Business:

550 PHARR ROAD
SUITE #850
ATLANTA, GA 30305 US

New Principal Place of Business:

Current Mailing Address:

550 PHARR ROAD
SUITE #850
ATLANTA, GA 30305 US

New Mailing Address:

FEI Number: 58-1823492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

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: SEAN L. EMERICK

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PETERSON, DAVID MR.
Address: 550 PHARR ROAD, SUITE 850
City-St-Zip: ATLANTA, GA 30305 US

Title: CEOP () Delete
Name: REARDON, DANIEL MR.
Address: 550 PHARR ROAD, SUITE 850
City-St-Zip: ATLANTA, GA 30305 US

Title: D () Delete
Name: MORN, CHARLES MR.
Address: 550 PHARR ROAD, SUITE 850
City-St-Zip: ATLANTA, GA 30305 US

Title: CFOS () Delete
Name: HANCOCK, J K MR.
Address: 550 PHARR ROAD, SUITE #850
City-St-Zip: ATLANTA, GA 30305 US

Title: BM () Delete
Name: TRAPP, MIKE MR
Address: 12 OLD PLACES NW
City-St-Zip: ATLANTA, GA 30327

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:

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: J. KIRK HANCOCK

CFOS

04/16/2009

Electronic Signature of Signing Officer or Director

Date