

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90076 001 ***150.00

DOCUMENT # F01000002182

1. Entity Name
TAUER CONSULTING COMPANY, INC.



Principal Place of Business

2001 BRYAN ST
STE 3700
DALLAS, TX 75201

Mailing Address

6400 CONGRESS AVE
STE 2100
BOCA RATON, FL 33487

50031300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1144249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5- Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CROW, HARLAN R**
STREET ADDRESS **2100 MCKINNEY AVENUE, SUITE 700**
CITY- ST- ZIP **DALLAS, TX 75201**

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

TITLE **DV** ☐ Delete
NAME **TERWILLIGER, J. RONALD**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1100**
CITY- ST- ZIP **ATLANTA, GA 30339**

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

TITLE **AS** ☐ Delete
NAME **STEINHARDT, SHARI**
STREET ADDRESS **6400 CONGRESS AVE STE 2100**
CITY- ST- ZIP **BOCA RATON, FL 33487**

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

TITLE **P** ☐ Delete
NAME **POSTHAUER, MARTIN A**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1100**
CITY- ST- ZIP **ATLANTA, GA 30339**

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

TITLE **V** ☐ Delete
NAME **CLEMENTS, DAVE R**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1100**
CITY- ST- ZIP **ATLANTA, GA 30339**

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

TITLE **V** ☐ Delete
NAME **MCGWIER, J. MICHAEL**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1100**
CITY- ST- ZIP **ATLANTA, GA 30339**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.14.05

Date

561-988-4451

Daytime Phone #