2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# F01000004409

Entity Name: ACUITY LIGHTING GROUP, INC.

Current Principal Place of Business:

1170 PEACHTREE STREET NE
ATLANTA, GA 30309

New Principal Place of Business:

1170 PEACHTREE STREET NE
SUITE 2400
ATLANTA, GA 30309

Current Mailing Address:

1170 PEACHTREE STREET NE
ATLANTA, GA 30309

New Mailing Address:

1170 PEACHTREE STREET NE
SUITE 2400
ATLANTA, GA 30309

FEI Number: 58-2633371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: BALLOUN, JAMES S
Address: 1170 PEACHTREE ST. NE #2400
City-St-Zip: ATLANTA, GA 303093002

Title: VD ( ) Delete
Name: MURPHY, KENYON W
Address: 1170 PEACTREE ST. NE #2400
City-St-Zip: ATLANTA, GA 30309

Title: P ( ) Delete
Name: HONEYCUTT, KEN
Address: 1170 PEACHTREE ST NE #2400
City-St-Zip: ATLANTA, GA 30309

Title: S ( ) Delete
Name: HAINES, HELEN D
Address: 1170 PEACHTREE ST. NE #2400
City-St-Zip: ATLANTA, GA 30309

Title: T ( ) Delete
Name: SMITH, C. DAN
Address: 1170 PEACHTREE ST NE #2400
City-St-Zip: ATLANTA, GA 30309

Title: VPD ( ) Delete
Name: NAGEL, VERNON J
Address: 1170 PEACHTREE ST NE #2400
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: BALLOUN, JAMES S
Address: 1170 PEACHTREE ST. NE #2400
City-St-Zip: ATLANTA, GA 30309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PC (X) Change ( ) Addition
Name: HONEYCUTT, KEN
Address: ONE LITHONIA WAY
City-St-Zip: CONYERS, GA 30012

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 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 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: HELEN D. HAINES S 04/30/2004
Electronic Signature of Signing Officer or Director — Date