

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90048 010 \*\*\*150.00

**DOCUMENT # F01000004647**

1. Entity Name  
**ONESOURCE CREDIT SOLUTIONS, INC.**

Principal Place of Business  
**229 PEACHTREE ST., NE #606  
ATLANTA GA 30303**

Mailing Address  
**229 PEACHTREE ST., NE #606  
ATLANTA GA 30303**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3525 Piedmont Rd**

3. Mailing Address  
**3525 Piedmont Rd**

Suite, Apt. #, etc.  
**Bldg 7, Suite 620**

Suite, Apt. #, etc.  
**Bldg 7, Suite 620**

City & State  
**Atlanta GA**

City & State  
**Atlanta GA**

4. FEI Number  
**58-2614621**

Applied For  
☐ Not Applicable

Zip Country  
**30305 U.S.A.**

Zip Country  
**30305 U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.  
3953 W.W. KELLEY RD.  
TALLAHASSEE FL 32311**

## 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MANN, MILTON D 229 PEACHTREE ST NE #606 ATLANTA GA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRACKEN III, WILLIAM C 229 PEACHTREE ST NE #606 ATLANTA GA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BRANTON, JAMES D 8774 VANSANT ST. DOUGLASVILLE GA</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCAFFIN, JOE R 1487 MONROE DRIVE #6 ATLANTA GA</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D JEFF B. Branton 3525 Piedmont Rd, Bldg 7 Ste 620 Atlanta, GA 30305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Mark A. Huemceller 3525 Piedmont Rd, Bldg 7 Ste 620 Atlanta, GA 30305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T Carlo D. Baaker 818 Pinhurst Dr Atlanta, GA 30339</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlo D. Baaker* **1-30-02 404-443-6046**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)