

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005578

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: CLAY-FRY PROPERTIES, INC.

## Current Principal Place of Business:

3350 RIVERWOOD PARKWAY, SUITE 1500  
ATLANTA, GA 30339

## New Principal Place of Business:

## Current Mailing Address:

3350 RIVERWOOD PARKWAY, SUITE 1500  
ATLANTA, GA 30339

## New Mailing Address:

FEI Number: 62-1204815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: DUERR, CHRISTIAN  
Address: 3350 RIVERWOOD PARKWAY, SUITE 1500  
City-St-Zip: ATLANTA, GA 30339

Title: V ( ) Delete  
Name: MARSHALL, KIP  
Address: 3350 RIVERWOOD PARKWAY, SUITE 1500  
City-St-Zip: ATLANTA, GA 30339

Title: TREA ( ) Delete  
Name: WEAVER, MICHAEL S  
Address: 3350 RIVERWOOD PARKWAY, SUITE 1500  
City-St-Zip: ATLANTA, GA 30339

## 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:

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: M. SCOTT WEAVER

TREA

03/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date