2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005682

Entity Name: NUI SERVICE, INC.

FILED Jun 01, 2005 Secretary of State

Littly Nan	HE. NOISER	VICE, INC.				
Current Pi	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:		
550 ROUTE 202/206 BEDMINSTER, NJ 079210760			TEN PEACHTREE PLACE LOC 1466 ATLANTA, GA 30309			
Current M	ailing Addre	ss:	New Mail	New Mailing Address:		
P.O. BOX 760 ATTN: CAROL SLIKER BEDMINSTER, NJ 079210760			TEN PEACHTREE PLACE LOC 1466 ATLANTA, GA 30309			
FEI Number:	22-3831010	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Statu	s Desired ()	
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered A	gent:	
1201 HAYS TALLAHAS	SSTREET SSEE, FL 323					
The above in the State		submits this statement for the p	ourpose of changing	its registered office or registered	agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
		93(2)(b), F.S., the corporation did no	t receive the prior noti	ce.		
	S AND DIREC	ng Trust Fund Contribution(). CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MATTHEWS, 0 550 ROUTE 20		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition MADDEN, KEVIN P TEN PEACHTREE PLACE ATLANTA, GA 30309 US		
Title: Name: Address: City-St-Zip:	OVERLY, STE 550 ROUTE 20		Title: Name: Address: City-St-Zip:	VTD (X) Change () Addition O'BRIEN, RICHARD T TEN PEACHTREE PLACE ATLANTA, GA 30309 US		
Title: Name: Address: City-St-Zip:	me: dress:			VD () Change (X) Addition SHLANTA, PAUL R TEN PEACHTREE PLACE ATLANTA, GA 30309 US		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D () Change (X) Addition REYNOLDS, PAULA R TEN PEACHTREE PLACE ATLANTA, GA 30309 US		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition COLEMAN, MYRA TEN PEACHTREE PLACE ATLANTA, GA 30309 US		

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: MYRA COLEMAN S 06/01/2005