2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000005955

1. Entity Name
TRUSCO CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
50 HURT PLAZA, STE 1400 ATLANTA, GA 30303	50 HURT PLAZA, STE 1400 ATLANTA, GA 30303

02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1604573
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARTHER, CATHY H
200 S. ORANGE AVE., 9TH FL
ORLANDO, FL 32801

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000093063
03/22/04-80003-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PHILLIPS, DOUGLAS S
STREET ADDRESS	50 HURT PLAZA, STE 1400
CITY-ST-ZIP	ATLANTA, GA
TITLE	S
NAME	ROBERTSON III, PAUL L
STREET ADDRESS	50 HURT PLAZA, STE 1400
CITY-ST-ZIP	ATLANTA, GA
TITLE	D
NAME	WELLS III, JAMES M
STREET ADDRESS	303 PEACHTREE STREET NE, 30TH FL
CITY-ST-ZIP	ATLANTA, GA
TITLE	D
NAME	ROGERS, WILLIAM
STREET ADDRESS	303 PEACHTREE STREET NE, 30TH FL
CITY-ST-ZIP	ATLANTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paul L Robertson III 3-15-04 (404) 827-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #