

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90009 004 ***150.00

DOCUMENT # F01000006644

1. Entity Name
UPS CONSULTING, INC.



Principal Place of Business
55 GLENLAKE PARKWAY, N.E.
ATLANTA, GA 30328

Mailing Address
55 GLENLAKE PARKWAY, N.E.
ATLANTA, GA 30328



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2603321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE P
NAME LONG, EUGENE W JR.
STREET ADDRESS 55 GLENLAKE PARKWAY, N.E.
CITY-ST-ZIP ATLANTA, GA 30328

TITLE V
NAME HOLNESS, SHARON Y
STREET ADDRESS 55 GLENLAKE PARKWAY, N.E.
CITY-ST-ZIP ATLANTA, GA 30328

TITLE V
NAME MACALUSO, GREGG R
STREET ADDRESS 55 GLENLAKE PARKWAY, N.E.
CITY-ST-ZIP ATLANTA, GA 30328

TITLE DT
NAME DAVIS, D. SCOTT
STREET ADDRESS 55 GLENLAKE PARKWAY, N.E.
CITY-ST-ZIP ATLANTA, GA 30328

TITLE DS
NAME MODEROW, JOSEPH R
STREET ADDRESS 55 GLENLAKE PARKWAY, N.E.
CITY-ST-ZIP ATLANTA, GA 30328

TITLE ASAT
NAME PICA, EUGENE A
STREET ADDRESS 55 GLENLAKE PARKWAY, N.E.
CITY-ST-ZIP ATLANTA, GA 30328

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

(404) 828-6307

Daytime Phone #