


FILED
Jun 01, 2004 8:00 am
Secretary of State

04-26-2004 90531 020 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000003743			
1. Entity Name BRAMBLES SERVICES, INC.			
Principal Place of Business 555 NORTH POINT CENTER EAST, 3RD FL ALPHARETTA, GA 30022		Mailing Address 555 NORTH POINT CENTER EAST, 3RD FL ALPHARETTA, GA 30022	
2. Principal Place of Business 180 Technology Pkwy.		3. Mailing Address 180 Technology Pkwy.	
Suite, Apt. #, etc. Room 600		Suite, Apt. #, etc. Room 600	
City & State Norcross, GA		City & State Norcross, GA	
Zip 30092	Country USA	Zip 30092	Country USA
4. FEI Number APPLIED FOR 20-0125862		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMIDT, MELISSA L <input type="checkbox"/> Delete 555 NORTH POINT CENTER EAST, 3RD FL ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 180 Technology Pkwy., Rm. 600 Norcross, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DUSKIN, T. DOUGLAS <input type="checkbox"/> Delete 555 NORTH POINT CENTER EAST, 3RD FL ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 180 Technology Pkwy., Rm. 600 Norcross, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, ROBERT V <input type="checkbox"/> Delete 555 NORTH POINT CENTER EAST, 3RD FL ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Macquarie Place, Level 40 Gateway Sydney, Australia NSW 2000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, LORRAINE <input checked="" type="checkbox"/> Delete 57-59 ST. JAMES STREET LONDON, SW1ALD, ENGLAND,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Kerry Porritt 57-59 St. James Street London, SW1ALD England
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLEAVENGER, ROBIN <input type="checkbox"/> Delete 555 NORTH POINT CENTER EAST, 3RD FL ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 180 Technology Pkwy., Room 600 Norcross, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOWLEY, KELLY <input type="checkbox"/> Delete 1100 PEACHTREE STREET STE. 2800 ATLANTA, GA 30309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kelly A. Howley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/20/04</u> Daytime Phone #: <u>404-815-6328</u>	