

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90084 032 ***150.00

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04112005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0125862

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHMIDT, MELISSA L	
STREET ADDRESS	180 TECHNOLOGY PKWY, ROOM 600	
CITY-ST-ZIP	NORCROSS, GA 30092	
TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	DUSKIN, T. DOUGLAS	
STREET ADDRESS	180 TECHNOLOGY PKWY, ROOM 600	
CITY-ST-ZIP	NORCROSS, GA 30092	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, ROBERT V	
STREET ADDRESS	1 MACQUARIE PL, LEVEL 40 GATEWAY	
CITY-ST-ZIP	SYDNEY, AUSTRALIA NSW, 2000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORRITT, KERRY	
STREET ADDRESS	57-59 ST. JAMES STREET	
CITY-ST-ZIP	LONDON, SW1ALD, ENGLAND,	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CLEAVANGER, ROBIN	
STREET ADDRESS	180 TECHNOLOGY PKWY, ROOM 600	
CITY-ST-ZIP	NORCROSS, GA 30092	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOWLEY, KELLY	
STREET ADDRESS	1100 PEACHTREE STREET STE. 2800	
CITY-ST-ZIP	ATLANTA, GA 30309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George D. Nelson, III	
STREET ADDRESS	180 Technology Pkwy., Room 600	
CITY-ST-ZIP	Norcross, GA 30092	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jasper Judd	
STREET ADDRESS	One Macquaire Pl., Level 40 Gateway	
CITY-ST-ZIP	Sydney, NSW 2000, Australia	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason Mordler	
STREET ADDRESS	180 Technology Pkwy., Room 600	
CITY-ST-ZIP	Norcross, GA 30092	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kelly A. Howley Kelly A. Howley 4-12-2005 (404) 815-6328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #