

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90038 018 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # F04000007314</b>   |   |    |  |
| 1. Entity Name<br><b>COTTON STATES SERVICE COMPANY</b>   |   |   |  |
| Principal Place of Business<br><b>244 PERIMETER CENTER PARKWAY, NE<br/>ATLANTA, GA 30346-2397</b>  |   | Mailing Address<br><b>244 PERIMETER CENTER PARKWAY, NE<br/>ATLANTA, GA 30346-2397</b>   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |
| City & State   |   | City & State  |  |
| Zip  | Country   | Zip   | Country  |
| 5. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>              |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CD<br>BLACKBURN, JOHN D<br>244 PERIMETER CENTER PARKWAY, NE<br>ATLANTA, GA 303462397 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BAUER, BARBARA<br>244 PERIMETER CENTER PARKWAY, NE<br>ATLANTA, GA 303462397 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>SCOTT, HARRY V<br>244 PERIMETER CENTER PARKWAY, NE<br>ATLANTA, GA 303462397 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>W. Michael Cook<br>244 Perimeter Center Parkway NE<br>Atlanta, GA 303462397 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>MAGERS, DAVE<br>244 PERIMETER CENTER PARKWAY, NE<br>ATLANTA, GA 303462397 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>HARMON, PAUL<br>244 PERIMETER CENTER PARKWAY, NE<br>ATLANTA, GA 303462397 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>BRISKI, JIM<br>244 PERIMETER CENTER PARKWAY, NE<br>ATLANTA, GA 303462397 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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>William J. Barlow</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | VP of Finance 2/1/06 770-391-8780<br>Date Daytime Phone #   |  |

66004154



01312006 Chg-P CR2E034 (11/05)

4. FEI Number **20-1451494** Applied For  
Not Applicable

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



ATTACHMENT  
66004154

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

COTTON STATES SERVICE COMPANY  
244 PERIMETER CENTER PARKWAY, NE  
ATLANTA, GA 30346-2397

Subject: COTTON STATES SERVICE COMPANY

Reference Number:

F04000007314

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by *completed* entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION