

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 18 AM 10:15

DOCUMENT # F05000004842

1. Entity Name
CORPORATE CENTER ONE OWNER CORP.



Principal Place of Business
171 17TH STREET, SUITE 1200
ATLANTA, GA 30363

Mailing Address
171 17TH STREET, SUITE 1200
ATLANTA, GA 30363

DO NOT WRITE IN THIS SPACE



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3293654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME LIMBURG, ANDREAS
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE DVP
NAME ROLIN, PIERRE
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE VPS
NAME CARTER, JOHN
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE VPS
NAME OPAR, JOHN
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE D
NAME HACKETT, KEVIN
STREET ADDRESS 171 17TH STREET, SUITE 1200
CITY-ST-ZIP ATLANTA, GA 30363

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100080031041
09/21/06--01036--010 **550.00

**DO NOT WRITE
IN THIS SPACE**

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 another fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Carter

9/15/06

Date

813-287.0101

Daytime Phone #