

FILED
2006 SEP 18 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08142006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3294376	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**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 NAME STREET ADDRESS CITY - ST - ZIP	DPT LIMBURG, ANDREAS 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ROLIN, PIERRE 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CARTER, JOHN 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS OPAR, JOHN 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HACKETT, KEVIN 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

900080026869
09/21/06--01023--022 **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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Carter, 9/15/06

Date _____

Daytime Phone #

63-287010/