

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005150

1. Entity Name
IHS HOSPITALITY SERVICES, INC.



Principal Place of Business
**BUILDING 3, SUITE 200
1640 POWERS FERRY ROAD SE
MARIETTA, GA 30067**

Mailing Address
**BUILDING 3, SUITE 200
1640 POWERS FERRY ROAD SE
MARIETTA, GA 30067**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0388258

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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
**C
KING, KATHRYNE A
1640 POWERS FERRY RD, BLDG 3, STE 200
MARIETTA, GA 30067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KING, JOHN S
1640 POWERS FERRY RD, BLDG 3, STE 200
MARIETTA, GA 30067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
GURBACKI, GERALD
1640 POWERS FERRY RD, BLDG 3, STE 200
MARIETTA, GA 30067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
ROGERS, DAVID
1640 POWERS FERRY RD, BLDG 3, STE 200
MARIETTA, GA 30067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000665741
03/23/07-80042-004 150.00

**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: David Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07 770-612-0054
Date Daytime Phone #