2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005861

Address: City-St-Zip:

ATLANTA, GA 30303

Entity Name: SOSTRAM CORPORATION

FILED Feb 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 300 COLONIAL CENTER PARKWAY 2520 MERIDIAN PARKWAY SUITE 230 SUITE 525 ROSWELL, GA 30076 DURHAM, NC 27713 **New Mailing Address: Current Mailing Address:** 300 COLONIAL CENTER PARKWAY 2520 MERIDIAN PARKWAY SUITE 230 SUITE 525 ROSWELL, GA 30076 DURHAM, NC 27713 FEI Number: 58-2431648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BROOKHOUSER, LYNN LEE, ANDREW D Name: Name: 300 COLONIAL CENTER PARKWAY, SUITE 230 2520 MERIDIAN PARKWAY, STE 525 Address: Address: City-St-Zip: ROSWELL, GA 30076 City-St-Zip: DURHAM, NC 27713 Title: VΡ Title: () Delete () Change () Addition Name: DANIEL. KEITH Name: 300 COLONIAL CENTER PARKWAY, SUITE 230 Address: Address: ROSWELL, GA 30076 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CROSBY, ROBERT Name: Name: 285 PEACHTREE CTR AVE.NE, 1500 MARQUIS TWR Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KEITH A. DANIEL VP 02/24/2009