

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000577

FILED  
Apr 09, 2010  
Secretary of State

Entity Name: FTRANS CORP.

**Current Principal Place of Business:**

75 FIFTH STREET NW SUITE 440  
ATLANTA, GA 30308

**New Principal Place of Business:**

**Current Mailing Address:**

75 FIFTH STREET NW SUITE 440  
ATLANTA, GA 30308

**New Mailing Address:**

FEI Number: 20-1711915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:**

Title: C  
Name: HAYES, JOHN B  
Address: 75 FIFTH STREET NW SUITE 440  
City-St-Zip: ATLANTA, GA 30308

Title: D  
Name: GARRARD, III, GARDINER W  
Address: 75 FIFTH STREET NW SUITE 440  
City-St-Zip: ATLANTA, GA 30308

Title: D  
Name: BACKUS, JOHN B  
Address: 75 FIFTH STREET NW SUITE 440  
City-St-Zip: ATLANTA, GA 30308

Title: VP  
Name: KNUDSEN, TODD E  
Address: 75 FIFTH STREET NW SUITE 440  
City-St-Zip: ATLANTA, GA 30308

Title: S  
Name: CHANDY, JOHN  
Address: 75 FIFTH STREET NW SUITE 440  
City-St-Zip: ATLANTA, GA 30308

I hereby 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 all other like empowered.

SIGNATURE: CAROL ALDRICH

CONT

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date