

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001947

FILED  
Feb 10, 2010  
Secretary of State

Entity Name: O4 CORPORATION, INC. OF GEORGIA

## Current Principal Place of Business:

3355 LENOX RD., STE 1000  
ATLANTA, GA 30326

## New Principal Place of Business:

## Current Mailing Address:

3355 LENOX RD., STE 1000  
ATLANTA, GA 30326

## New Mailing Address:

FEI Number: 20-4029393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: DANNY VERDECCHIA, JR.

02/10/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D  
Name: MILLER, DESMOND  
Address: 3355 LENOX RD., STE 1000  
City-St-Zip: ATLANTA, GA 30326

Title: DP  
Name: FOGEL, HARRIS  
Address: 3355 LENOX RD., STE 1000  
City-St-Zip: ATLANTA, GA 30326

Title: P  
Name: FOGEL, HARRIS  
Address: 3355 LENOX RD., STE 1000  
City-St-Zip: ATLANTA, GA 30326

Title: V  
Name: FOERNSLER, SCOTT  
Address: 3355 LENOX RD., STE 1000  
City-St-Zip: ATLANTA, GA 30326

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: COLIN ROGOFF

CFO

02/10/2010

Electronic Signature of Signing Officer or Director

Date