



FILED
Mar 28, 2007 8:00 am
Secretary of State

40043253



DOCUMENT # F93000003092				03-28-2007 90008 024 ***150.00	
1. Entity Name POST SERVICES, INC.					
Principal Place of Business 4401 NORTHSIDE PKWY., STE. 800 ATLANTA, GA 30327		Mailing Address 4401 NORTHSIDE PKWY., STE. 800 ATLANTA, GA 30327		40043253	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 58-2056774	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STOCKERT, DAVID P 4401 N.SIDE PKWY STE. 800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED LIST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT COHEN, SHERRY W 4401 NORTHSIDE PARKWAY SUITE 800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PAPA, CHRISTOPHER J 4401 NORTHSIDE PKWY #800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BLOOM, HERSCHEL M 4401 NORTHSIDE PKWY #800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GODDARD III, ROBERT C 4401 NORTHSIDE PKWY #800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FRENCH, RUSSELL R 4401 NORTHSIDE PKWY #800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sherry W Cohen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3/16/07 Daytime Phone #					

ATTACHMENT

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POST SERVICES, INC.

11. Additions to Officers and Directors

Additonal Directors:

Douglas Crocker II
Walter M. Deriso, Jr.
Nicholas B. Paumgarten
Charles E. Rice
David P. Stockert
Stella F. Thayer
Ronald de Waal

Additional Officers:

Arthur J. Quirk	Senior Vice President and CAO
Thomas L. Wilkes	Executive Vice President
Thomas D. Senkbeil	Executive Vice President and CIO
Dayna W. Boone	Assistant Secretary

The address for all of the above is 4401 Northside Parkway, Suite 800, Atlanta, GA 30327.