# 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

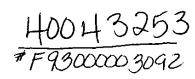
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#### Secretary of State 03-28-2007 90008 024 \*\*\*150.00 DOCUMENT # F93000003092 1. Entity Name POST SERVICES, INC. Principal Place of Business Mailing Address 40043253 4401 NORTHSIDE PKWY., STE. 800 4401 NORTHSIDE PKWY., STE, 800 ATLANTA, GA 30327 ATLANTA, GA 30327 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 Applied For 58-2056774 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES Addition TITLE ☐ Delete TITLE Change STOCKERT, DAVID P NAME NAME STREET ADDRESS 4401 N.SIDE PKWY STE. 800 STREET ADDRESS ATTACHED LIST CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30327 Change Addition TITLE ☐ Delete TITLE NAME COHEN, SHERRY W NAME STREET ADDRESS 4401 NORTHSIDE PARKWAY SUITE 800 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30327 CITY-ST-ZIP TREA ☐ Change Addition TITLE ☐ Delete TITLE PAPA, CHRISTOPHER J NAME NAME STREET ADDRESS 4401 NORTHSIDE PKWY #800 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30327 CITY-ST-ZIF Channe ☐ Addition TITLE DIR ☐ Delete TITLE BLOOM, HERSCHEL M NAME NAME STREET ADDRESS 4401 NORTHSIDE PKWY #800 STREET ADORESS CITY-ST-7IP ATLANTA, GA 30327 CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE DIR GODDARD III, ROBERT C NAME 4401 NORTHSIDE PKWY #800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30327 CITY-ST-ZIP ☐ Change ☐ Addition TITLE DIR ☐ Delete TITLE FRENCH, RUSSELL R NAME NAME 4401 NORTHSIDE PKWY #800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30327 12. Thereby certify that the information supplied with this filling 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 attackment within a different like empowered.

FILED Mar 28, 2007 8:00 am

Daytime Phone #

# **ATTACHMENT**



# **POST SERVICES, INC.**

## 11. Additions to Officers and Directors

# Additional 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.