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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000003972					
1. Corporation Name CRG INTERNATIONAL, INC.					
Principal Place of Business 2000 RIVEREDGE PARKWAY SUITE 900 ATLANTA GA 30328 US			Mailing Address 2000 RIVEREDGE PARKWAY SUITE 900 ATLANTA GA 30328 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 08/25/1993	
4. FEI Number 58-1997766		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE CDP <input type="checkbox"/> DELETE NAME LANE, GENE E JR STREET ADDRESS 2000 RIVEREDGE PKWY, 900 CITY-ST-ZIP ATLANTA GA			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE AS <input type="checkbox"/> DELETE NAME PAZERA, FRANK J STREET ADDRESS 2000 RIVEREDGE PARKWAY, STE. 800 CITY-ST-ZIP ATLANTA GA 30328			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> DELETE NAME GRIFFITHS, DEBBIE STREET ADDRESS 2000 RIVEREDGE PARKWYA, STE 900 CITY-ST-ZIP ATLANTA GA 30328			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME HOLMS, MALCOM STREET ADDRESS 2000 RIVEREDGE PARKWAY, STE 900 CITY-ST-ZIP ATLANTA GA 30328			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME BLACKBURN, MICHAEL STREET ADDRESS 200 31ST AVENUE, N., STE 200 CITY-ST-ZIP NASHVILLE TN 37203			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Chadwick, John 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME SCHMIDT, GERALD F STREET ADDRESS 3350 CUMBERLAND CIRCLE, STE 970 CITY-ST-ZIP ATLANTA GA 30328			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 2500 Northwinds Parkway, Ste. 475 6.4 CITY-ST-ZIP Alpharetta, GA 30004		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)