FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:48

DOCUMENT # F93000003986 (7)

1. Corporation Name
NBS CONSULTING GROUP OF GEORGIA, INC.

Principal Place of Business	Mailing Address
17 EXECUTIVE PARK DRIVE. SUITE 440 ATLANTA GA 30329	17 EXECUTIVE PARK DRIVE. SUITE 440 ATLANTA GA 30329

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1993
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21 3715 Northside Pkwy
22 Bldg. 200 Suite 590
23 Atlanta, GA
24 Zip 30327
25 Country USA

2a. Mailing Address
26
27
28
29 Zip
30 Country

4. FEI Number: 58-2003484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DOTSON, AMY M
1392 NORTH UNIVERSITY DRIVE, SUITE 200-B
FT. LAUDERDALE FL 33322

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	NOEL, ROBERT D	12 NAME	
STREET ADDRESS	17 EXECUTIVE PARK DRIVE, SUITE 440	13 STREET ADDRESS	4669 Bishop Lake Rd.
CITY-ST-ZIP	ATLANTA GA 30329	14 CITY-ST-ZIP	Marietta, GA 30327
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, DANIEL J	22 NAME	
STREET ADDRESS	965 VIRGINIA AVENUE	23 STREET ADDRESS	3715 Northside Pkwy
CITY-ST-ZIP	ATLANTA GA 30303	24 CITY-ST-ZIP	Atlanta, GA 30327
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	BUCKLEY, PATRICK	32 NAME	
STREET ADDRESS	17 EXECUTIVE PARK DRIVE, SUITE 440	33 STREET ADDRESS	3715 Northside Pkwy
CITY-ST-ZIP	ATLANTA GA 30329	34 CITY-ST-ZIP	Atlanta, GA 30327
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert D. Noel 2/3/95 404/272-1700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0300014 FP