

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90192 006 \*\*\*150.00

**DOCUMENT # F93000004414**

1. Entity Name  
**TMW INVESTMENTS, INC.**



Principal Place of Business  
**2 RAVINIA DRIVE  
STE 400  
ATLANTA GA 30346-2104  
US**

Mailing Address  
**2 RAVINIA DRIVE  
STE 400  
ATLANTA GA 30346-2104  
US**



2. Principal Place of Business

3. Mailing Address

**60 Prudential 213 Washington St.**

Suite, Apt. #, etc.

**8th Floor - TAX Dept**

City & State  
**Newark, NJ**

Zip  
**07102**

Country  
**Essex - USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2015459**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **MCWHIRTER, THOMAS F JR.**  
STREET ADDRESS **2 RAVINIA DR STE 400**  
CITY-ST-ZIP **ATLANTA GA 30346-2104**

TITLE **V** ☒ Delete  
NAME **OLIVER, DANIEL E**  
STREET ADDRESS **2 RAVINIA DR STE 400**  
CITY-ST-ZIP **ATLANTA GA 30346-2104**

TITLE **CD** ☒ Delete  
NAME **VON WERZ, GEORGE**  
STREET ADDRESS **PRANNERSTRASSE 1**  
CITY-ST-ZIP **80333 MUNICH GE**

TITLE **D** ☐ Delete  
NAME **TRESCHER, KLAUS**  
STREET ADDRESS **PRANNERSTRASSE 1**  
CITY-ST-ZIP **80333 MUNICH GE**

TITLE **V** ☐ Delete  
NAME **PAHL, DAVID C.**  
STREET ADDRESS **2 RAVINIA DR STE 400**  
CITY-ST-ZIP **ATLANTA GA 30346-2104**

TITLE **V** ☐ Delete  
NAME **HOWELL, BARRY L**  
STREET ADDRESS **TWO RAVINIA DRIVE SUITE 400**  
CITY-ST-ZIP **ATLANTA GA 30346-2104**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☒ Addition  
NAME **Steve Yeager**  
STREET ADDRESS **2 Ravinia Dr. Ste 400**  
CITY-ST-ZIP **Atlanta, GA 30346**

☐ Change ☒ Addition  
NAME **Kenneth A. Campbell**  
STREET ADDRESS **2 Ravinia Dr., Ste 400**  
CITY-ST-ZIP **Atlanta, GA 30346**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

**SIGNATURE REQUIRED**

**Kenneth A. Campbell 3/9/03**

**770-481-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)