

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91415 007 ***150.00

00683041 AT

DOCUMENT # **F93000005784**1. Entity Name
CRAWFORD-THG, INC.

Principal Place of Business

**5620 GLENRIDGE DR NE
ATLANTA GA 30342**

Mailing Address

**PO BOX 5047
CORP TAX 9768
ATLANTA GA 30302
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-0243489

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, GROVER L	
STREET ADDRESS	5620 GLENRIDGE DRIVE	
CITY-ST-ZIP	ATLANTA GA 30342	

TITLE	EVP	<input type="checkbox"/> Delete
NAME	GIBLIN, JOHN F	
STREET ADDRESS	5620 GLENRIDGE DR NE	
CITY-ST-ZIP	ATLANTA GA 30342	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	OSTEN, JUDD F.	
STREET ADDRESS	5620 GLENRIDGE DR NE	
CITY-ST-ZIP	ATLANTA GA 30342	

TITLE	VPAC	<input type="checkbox"/> Delete
NAME	STACHLER, KENNETH R	
STREET ADDRESS	5620 GLENRIDGE DR NE	
CITY-ST-ZIP	ATLANTA GA 30342	

TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, A.L.	
STREET ADDRESS	5620 GLENRIDGE DR NE	
CITY-ST-ZIP	ATLANTA GA 30342	

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWMAN, JEFF T	
STREET ADDRESS	5620 GLENRIDGE DR NE	
CITY-ST-ZIP	ATLANTA GA 30342	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth R Stachler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth R Stachler

Date

Daytime Phone #

CR2E034 (9/01)