# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 30, 2005**
**Secretary of State**

DOCUMENT# F94000001333

**Entity Name:** THE CONLAN COMPANY

**Current Principal Place of Business:**

1800 PARKWAY PLACE
STE 1010
MARIETTA, GA 33067 US

**New Principal Place of Business:**

1800 PARKWAY PLACE
STE 1010
MARIETTA, GA 30067 US

**Current Mailing Address:**

1800 PARKWAY PLACE
SUITE 1010
MARIETTA, GA 33067 US

**New Mailing Address:**

1800 PARKWAY PLACE
SUITE 1010
MARIETTA, GA 30067 US

**FEI Number: 58-1751974** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CONDRON, GARY
Address: 1800 PARKWAY PLACE, SUITE 1010
City-St-Zip: MARIETTA, GA 30067

Title: VP ( ) Delete
Name: VAUGHAN, JOSEPH
Address: 1800 PARKWAY PLACE, SUITE 1010
City-St-Zip: MARIETTA, GA 30067

Title: VP ( ) Delete
Name: TURPIN, KEVIN R.
Address: 1800 PARKWAY PLACE, SUITE 1010
City-St-Zip: MARIETTA, GA 30067

Title: ST ( ) Delete
Name: KENNEDY, SHERRY A
Address: 1800 PARKWAY PLACE, SUITE 1010
City-St-Zip: MARIETTA, GA 33067

Title: VP ( ) Delete
Name: STALEY, DAVID
Address: 1800 PARKWAY PLACE SUITE 1010
City-St-Zip: MARIETTA, GA 30067

Title: VP ( ) Delete
Name: PRICE, STUART M
Address: 1800 PARKWAY PLACE SUITE 1010
City-St-Zip: MARIETTA, GA 30067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY A. KENNEDY ST 06/30/2005

Electronic Signature of Signing Officer or Director Date