FILED Mar 23, 2005 8:00 am Secretary of State 03-23-2005 90237 001 ***600.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUI 1. Entity Nam NUI ENER	10	# F940000 c.											
Principal Place PO BOX 760 BEDMINSTER			Mailing Address PO BOX 760 BEDMINSTER, NJ 0	_			66007183						
2. Principal P Ten Peach			3. Mailing Address Ten Peachtree	3. Mailing Address Ten Peachtree Place									
Suite, Apt. #, etc. Suite 1000			Suite, Apt. #, etc. Suite 1000	Suite 1000			03022005	Chg-i	o	CR2EC	34 (10/03)		
City & State Atlanta, GA			City & State Atlanta, GA	Atlanta, GA			4. FEI Numbe 22-3209					plied For LApplicable	
Zip 30309	A N	Country USA	Zip 30309	30309 USA			5. Certificate of Status Desired			S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 33324					Street Address (P.O. Box Number is Not Acceptable)								
							City			Zip Code			
8. The above the obligat	named entitions of regis	y submits this stateme tered agent.	ent for the purpose of changing	g its registor	ad office or re	gistered	d agent, or bot	n, in the St	ate of Flor		familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE													
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Arter May 1, 2005 Fee will be \$550.00 Trust Fund Contribution													
10.		OFFICERS	AND DIRECTORS	11.			ADDITIONS/	CHANGES	TO OFFI	CEDS AND	DIRECTOR	2 IN 11	
TITLE	PD		X Delete	111/		P/D	ADDITIONS/	CIVITAGES	TOOFFIC	CENS AND	Change	▼ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	550 RT 2	WS, CRAIG G 02/206 STER, NJ 07921			EET ADORESS	MADDE TEN P	N, KEVIN PEACHTREE MTA, GA 30	PLACE,	SUITE	1000	_ onargo	EI Filancii	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	550 ROU	, STEVEN D TE 202/206 STER, NJ 07921	⊠ Delete		IE (TEN P	FO/D EN, RICHA PEACHTREE FTA, GA 30	PLACE,	SUITE	1000	Change	Addition	
TITLE NAME STREET ADDRESS	S BRATSA 550 ROU	FOLIS, JEANNE M TE 202/206	⊠ Delete	TITL	E :	SVP/D SHLAN TEN P	TA, PAUL PEACHTREE	R. PLACE,	SUITE	1000	☐ Change	★ Addition	
CITY+S1-ZIP	BEDMIN	STER, NJ 07921		CITY	-\$1-7IP 7	ATLAN	TA, GA 30	309		<u>.</u>			
NAME STREET ADDRESS			☐ Delete		AE I EET ADDRESS !		ANDREW PEACHTREE		SUITE	1000	☐ Change	Addition	
CITY-S1-ZIP				CIT	(-ST-ZIP	ATLAN	TA, GA 30	309					
NAME STREET ADDRESS			☐ Deteke		AE Eet address	TEN P	IAN, MYRA PEACHTREE ITA, GA 30		SUITE	; 1000	☐ Change	K) Addition	
TITLE NAME		<u> </u>	☐ Delete	TITE	E I	D REYNO	LDS, PAUL	A R.	" ··	†	Change	X Addition	
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP	ATLAN	EACHTREE	309		1			
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 cath, that I am an officer or diffect or 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: Myra Coleman, Secretary 3/7/2005 (404) 584-4000												4-4000	