

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006683

1. Entity Name

HP/ANCILLARIES, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90113 033 ***150.00

Principal Place of Business	Mailing Address
950 NORTH POINT PARKWAY SUITE 100 ALPHARETTA GA 30005 US	950 NORTH POINT PARKWAY SUITE 100 ALPHARETTA GA 30005-8893 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	58-2142254	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	FOXWORTHY, MICHAEL L
STREET ADDRESS	950 POINT PARKWAY, SUITE 100
CITY-ST-ZIP	ALPHARETTA GA 30005
TITLE	VSD <input type="checkbox"/> Delete
NAME	MITTLEIDER, DOUGLAS K
STREET ADDRESS	950 NORTH POINT PARKWAY, SUITE 100
CITY-ST-ZIP	ALPHARETTA GA 30005
TITLE	AS <input type="checkbox"/> Delete
NAME	ROSSI, LINDA N
STREET ADDRESS	950 NORTH POINT PARKWAY, SUITE 100
CITY-ST-ZIP	ALPHARETTA GA 30005
TITLE	AS <input type="checkbox"/> Delete
NAME	QUIROS, PAUL A
STREET ADDRESS	191 PEACHTREE ST, 46TH FLOOR
CITY-ST-ZIP	ATLANTA GA 30303
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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: Michael L Foxworthy President 4/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #