

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90140 005 ***150.00

DOCUMENT # F94000006683

1. Entity Name
HP/ANCILLARIES, INC.



Principal Place of Business
**950 NORTH POINT PARKWAY
SUITE 100
ALPHARETTA GA 30005
US**

Mailing Address
**950 NORTH POINT PARKWAY
SUITE 100
ALPHARETTA GA 30005
US**

2. Principal Place of Business
925 N. Point Parkway

3. Mailing Address
925 N. Point Parkway

Suite, Apt. #, etc.
Suite 440

Suite, Apt. #, etc.
Suite 440

City & State
Alpharetta, GA

City & State
Alpharetta, GA

Zip Country
30005 Fulton

Zip Country
30005 Fulton

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2142254**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PTD FOXWORTHY, MICHAEL L 950 POINT PARKWAY, SUITE 100 ALPHARETTA GA 30005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MITTLEIDER, DOUGLAS K 950 NORTH POINT PARKWAY, SUITE 100 ALPHARETTA GA 30005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSSI, LINDA N 950 NORTH POINT PARKWAY, SUITE 100 ALPHARETTA GA 30005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS QUIROS, PAUL A 191 PEACHTREE ST, 46TH FLOOR ATLANTA GA 30303 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 925 North Point Parkway, Ste 400 Alpharetta, GA 30008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 925 N. Point Parkway, Ste 400 Alpharetta, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 925 N. Point Parkway, Ste 400 Alpharetta, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIX SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-3

Date

Daytime Phone #

CR2E034 (10/02)