

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001739

1. Corporation Name

ATLANTA TECHNICAL SUPPORT, INC.

Principal Place of Business

9000 CENTRAL PARK WEST
SUITE 30028
ATLANTA GA 30328

Mailing Address

9000 CENTRAL PARK WEST
SUITE 30328
ATLANTA GA 30328

2. Principal Place of Business

21

2a. Mailing Address

26

2b. Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

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Country

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Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME SYIEK, PAUL
STREET ADDRESS 9000 CENTRAL PARK WEST SUITE 350
CITY-ST-ZIP ATLANTA GA 30328

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE S DELETE

NAME GWYNNE, DIANE
STREET ADDRESS 147 FRENCH FARM RD
CITY-ST-ZIP NORTH ANDOVER MA 01845

1.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.3 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.4 TITLE Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

Daytime Phone #

CR2E034 (11/98)

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