

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003789

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: WILLIAMSON & ASSOCIATES, INC.

## Current Principal Place of Business:

6100 LAKE FORREST DRIVE  
SUITE 375  
ATLANTA, GA 30328

## New Principal Place of Business:

6100 LAKE FORREST DRIVE NW  
SUITE 375  
ATLANTA, GA 30328

## Current Mailing Address:

6100 LAKE FORREST DRIVE  
SUITE 375  
ATLANTA, GA 30328

## New Mailing Address:

6100 LAKE FORREST DRIVE NW  
SUITE 375  
ATLANTA, GA 30328

FEI Number: 58-1145651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, VINCENT  
692 CARRIGAN WOODS TRAIL  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

SMITH, VINCENT  
692 CARRIGAN WOODS TRAIL  
OVIEDO, FL 32765 US

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:

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SVP ( ) Delete  
Name: SCHROER, FREDRIK  
Address: 6030 THORNLAKE DRIVE  
City-St-Zip: FLOWERY BRANCH, GA 30542

Title: VP ( ) Delete  
Name: RICE, WILLIAM A.  
Address: 6480 BURDETT DRIVE NW  
City-St-Zip: ATLANTA, GA 30328

Title: P ( ) Delete  
Name: WILSON, MICHAEL  
Address: 2729 LOG CABIN DRIVE  
City-St-Zip: SMYRNA, GA 30080

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: VP ( ) Change (X) Addition  
Name: SMITH, VINCENT  
Address: 692 CARRIGAN WOODS TRAIL  
City-St-Zip: OVIEDO, FL 32765

Title: SEC ( ) Change (X) Addition  
Name: BELKEIR, LIBBY  
Address: 541 SUMMER DRIVE NE  
City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LIBBY BELKEIR

SEC

03/30/2009

Electronic Signature of Signing Officer or Director

Date