

05-01-2003 90767 014 ***150.00

DOCUMENT # F96000003220

90117887

Mailing Address
P.O. BOX 2216
SCHENECTADY, NY 12301

3. Mailing Address

Suito, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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

NOTE: Registered Analysts required when retesting.

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEPARD, JAMES S		
STREET ADDRESS	2018 POWERS FERRY RD, SUITE 500		
CITY-ST-ZIP	ATLANTA, GA 30339	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	ATLANTA, GA 30339	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VISICK, CHRISTOPHER, S		
STREET ADDRESS	3000 NORTH GRANDVIEW BLVD		
CITY-ST-ZIP	WAIKESHA, WI 53188		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE		

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		

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 507, 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.

4/22/03

SIGNATURE: @B Muta

BARBARA A. MELITA VP/ASST. TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Decision Point 4

CP2E034 (10/02)