- *20 UNI	03 FOR PROFIT	SS REPOR	ATI T (l	ON JBR)	 -	AND AND	0625236
DOCUN 1. Entity Name		003805	-			. ; frankrist	AT
TOC, INC.						03 MAY -7 AM 4:31	
Principal Place 133 CARNEGIE ATLANTA GA 3	WAY. 6TH FLOOR	Mailing Address 133 CARNEGIE WAY, 6TH FLOOR ATLANTA GA 30303				SECRETARY OF STATE FALLAHASSEE, FLORIDA	
		3. Mailing Address					
·		Suite, Apt. #, etc.					
Suite, Apt. #	#, etc.						r i
City & State		City & State			4, P	58-2241461 Not Applic	
Zip Country		Zip Count			5. Certificate of Status Desired Status Desired Status Desired Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324							
				City		FL Zip Code	ent
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 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 \$5.00 May Trust Fund Contribution.	
10.	OFFICERS AND D	IRECTORS	11.	·	AC	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	dilian Q
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THACKER, FLOYD G 133 CARNEGIE WAY, STE 600 ATLANTA GA 30303	Delete				Change 🛄 Ad	CR2E034 (10/02)
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STREET ADDRESS- City-St-Zip	=133 CARNEGIE-WAY, STE-600 ATLANTA GA 30303			REET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, HARRY K 133 CARNEGIE WAY, STE 600 ATLANTA GA 30303	🔀 Delete	STF	LE Me Reet Address Y-st-zip		70001723579h@hange □Ad 04/29/0301023032 **826,25	dition
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	to on this report or supplemental report is riporation or the receiver prirustee empty, or on an attachmen with an address, where the supplementation of the sup	this filing does not qualify f true and accurate and that wered to execute this repor- th all other like enpoymered RECRECT	the sign	uired by Chapter 6	Section the same 307, Flo	119.07(3)(i), Florida Statutes. I further certify that the informal legal effect as if made under oath; that I am an officer or dire rida Statutes; and that my name appears in Block 10 or Block Update Date Date Date Phone #	tion ctor 11 if