

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97150

FILED
Apr 27, 2006
Secretary of State

Entity Name: GRAY LABORATORIES, INC.

Current Principal Place of Business:

5335 B OAKBROOK PKWY
NORCROSS, GA 30093 US

New Principal Place of Business:

Current Mailing Address:

5885 GLENRIDGE DRIVE
SUITE 200
ATLANTA, GA 30328 US

New Mailing Address:

5887 GLENRIDGE DRIVE
SUITE 130
ATLANTA, GA 30328 US

FEI Number: 58-1495823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMMEE, JOHN T
2380 S. RIVER RD
MELBOURNE BCH., FL 32951 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: GRAY, JAMES S
Address: 4718 PINE ACRES COURT
City-St-Zip: DUNWOODY, GA 30338 US

Title: VD () Delete
Name: FARRELL, MICHAEL J
Address: 8400 HAMPTON BLUFF DRIVE
City-St-Zip: ALPHARETTA, GA 30004 US

Title: S () Delete
Name: CUVIELLO, PAMELA J
Address: 1002 DUNBAR DRIVE
City-St-Zip: DUNWOODY, GA 30338 US

Title: D () Delete
Name: WILLIAMMEE, JOHN T
Address: 2380 S. RIVER ROAD
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: D () Delete
Name: TERRY, SMITH P
Address: 375 KELSON DRIVE
City-St-Zip: ATLANTA, GA 30329 US

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA J. CUVIELLO

S

04/27/2006

Electronic Signature of Signing Officer or Director

Date