

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90021 006 \*\*\*150.00

0001363 AV

**DOCUMENT # F97428**

1. Entity Name  
**ROYCE MANAGEMENT CORP.**

Principal Place of Business  
**3445 PEACHTREE RD., NE., STE 700**  
**ATLANTA GA 30326**

Mailing Address  
**3445 PEACHTREE RD., NE., STE 700**  
**ATLANTA GA 30326**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2202147</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUTIERREZ, KARYN M</b>	NAME	<b>President/Treasurer</b>
STREET ADDRESS	<b>3445 PEACHTREE RD NE, SUITE 700</b>	STREET ADDRESS	<b>Amaral, Michael W.</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>	CITY-ST-ZIP	<b>3445 Peachtree Road, NE., Ste. 700</b>
			<b>Atlanta, Georgia 30326</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRYBOSKI, THOMAS S</b>	NAME	<b>VP/Secretary</b>
STREET ADDRESS	<b>3445 PEACHTREE RD., NE., STE 700</b>	STREET ADDRESS	<b>Ellis, Daniel E.</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>	CITY-ST-ZIP	<b>3445 Peachtree Road, NE., Ste. 700</b>
			<b>Atlanta, Georgia 30326</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **APR 25 2002** 404-364-9400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)