

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000032

Entity Name: COOPER CARRY, INC.

FILED  
May 05, 2009  
Secretary of State

## Current Principal Place of Business:

3520 PIEDMONT ROAD, N.E., SUITE 200  
ATLANTA, GA 30305

## New Principal Place of Business:

## Current Mailing Address:

3520 PIEDMONT ROAD, N.E., SUITE 200  
ATLANTA, GA 30305

## New Mailing Address:

FEI Number: 58-0863313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DC ( ) Delete  
Name: COOPER, JEROME M  
Address: 1070 JUDITH WAY  
City-St-Zip: ATLANTA, GA 30324

Title: DP ( ) Delete  
Name: CANTLEY, KEVIN R  
Address: 2837 RIDGE VALLEY ROAD  
City-St-Zip: ATLANTA, GA 30327

Title: DV ( ) Delete  
Name: BULLOCK, E. P  
Address: 1282 OAKDALE ROAD  
City-St-Zip: ATLANTA, GA 30307

Title: DV ( ) Delete  
Name: MILLER, ROGER M  
Address: 22 SPRINGLAKE PLACE  
City-St-Zip: ATLANTA, GA 30318

Title: DST ( ) Delete  
Name: MUSE, GAR  
Address: 645 AMBERIDGE TRAIL  
City-St-Zip: ATLANTA, GA 30328

Title: AS ( ) Delete  
Name: WILSON, SHERRY  
Address: 3121 GARMON OAK COURT  
City-St-Zip: LAWRENCEVILLE, GA 30044

## 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:

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

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: SHERRY WILSON

AS

05/05/2009

Electronic Signature of Signing Officer or Director

Date