

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90407 031 ***150.00

94079812



01052004 Chg-P CR2E034 (10/03)

4. FEI Number **58-2326984** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAZE, PETER	
STREET ADDRESS	7700 CONGRESS AVE STE 3214	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, STEVEN	
STREET ADDRESS	7700 CONGRESS AVE STE 3214	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OLBERT, ANN	
STREET ADDRESS	7700 CONGRESS AVE STE 3214	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAID, PERRY	
STREET ADDRESS	1600 PARKWOOD CIRCLE, #400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GEBHARD, ROGER	
STREET ADDRESS	7700 CONGRESS AVE STE 3214	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BLUESTEIN, PATRICIA	
STREET ADDRESS	1600 PARKWOOD CIRCLE, #400	
CITY-ST-ZIP	ATLANTA, GA 30339	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR & SR VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL S. BINDEMAN	
STREET ADDRESS	1600 PARKWOOD CIRCLE STE 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	DIR, SVP & SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT E. FRIEDLANDER	
STREET ADDRESS	1600 PARKWOOD CIRCLE STE 400	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL C. JONES	
STREET ADDRESS	1600 PARKWOOD CIRCLE STE 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK L. MCNEESE	
STREET ADDRESS	1600 PARKWOOD CIRCLE STE 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	TREASURER & ASST SEC	<input checked="" 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 607, 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.

SIGNATURE: Jack L. McNeese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 770 308 0815
Date Daytime Phone #