2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001888

FILED Apr 15, 2008 Secretary of State

Entity Na	me: FACILITY	PROGRAM MANAGEMENT	INC.		
Current Principal Place of Business:			New Prince	ipal Place of Business:	
	E PARK DRIVE GA 30080				
Current Mailing Address:			New Mailing Address:		
	E PARK DRIVE GA 30080				
FEI Number	: 58-2209682	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU PLANTATI	PORATION SYS TH PINE ISLAN ION, FL 33324 a named entity s	ND ROAD US	ourpose of changing i	ts registered office or registered agent, or both,	
	e of Florida.	·			
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	CAWOOD, NIXO 2233 LAKE PAR SMYRNA, GA 3	K DRIVE 0080 Delete	Title: Name: Address: City-St-Zip: Title: Name:	PD (X) Change () Addition MOULTRIE, WILLIAM E 2233 LAKE PARK DRIVE SMYRNA, GA 30080 () Change () Addition	
Address: City-St-Zip:	2233 LAKE PAF SMYRNA, GA 3	K DRIVE	Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	EVP () MAYS, JAMES (2233 LAKE PAR SMYRNA, GA 3	K DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () MOULTRIE, RO 2233 LAKE PAF SMYRNA, GA 3	K DRIVE	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition PARKER, JR., W. E 2233 LAKE PARK DRIVE SMYRNA, GA 30080	
Title: Name: Address:	SVP (X) MOREHEAD, CI 2233 LAKE PAF		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: GEORGE Q. SEWELL SEC 04/15/2008

City-St-Zip:

SMYRNA, GA 30080