

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000003126**

1. Entity Name

CFN FINANCE, INC.

FILED**Jan 31, 2000 8:00 am**
Secretary of State

01-31-2000 90029 013 ***150.00

Principal Place of Business

Mailing Address

4450 RIVER GREEN PARKWAY, SUITE 100
DULUTH GA 300964450 RIVER GREEN PARKWAY, SUITE 100
DULUTH GA 30096-2549

00011038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1776 Peachtree Rd NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 700 North Tower

City & State

City & State

Atlanta, GA

4. FEI Number

52-2091687

Applied For

Not Applicable

Zip

Country

Zip

30309

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COBD
ELLIS, U B JR
1888 EMERY STREET, 2ND FLOOR
ATLANTA GA 30318 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCOO
RAFFAELI, C. CATHLEEN
4450 RIVER GREEN PKWY STE 100
DULUTH GA ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Address ☒ Change ☐ Addition
1776 Peachtree Rd NW Ste 700 North Tower
Atlanta, GA 30309TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EV
PEDDY, LISA
4450 RIVER GREEN PARKWAY, SUITE 100
DULUTH GA 30096 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Address ☒ Change ☐ Addition
1776 Peachtree Rd NW Ste 700 North Tower
Atlanta, GA 30309TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SNOWBERGER, GARY L
4450 RIVER GREEN PARKWAY, SUITE 100
DULUTH GA 30096 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
SANDRY, JAMES V
1888 EMERY STREET, 2ND FLOOR
ATLANTA GA 30318 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TCFO
Boylston, M. Wayne
1888 Emery St NW
Atlanta, GA 30318 ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ALTENBACH, JAMES S
3060 PEACHTREE RD., STE. 1100
ATLANTA GA 30305 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra H. Cuttler

Date

1-25-00

770 291-7000

Daytime Phone #