

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003287

1. Entity Name

APPLICATION PROFILES INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90001 045 \*\*\*150.00

Principal Place of Business	Mailing Address
EXECUTIVE CENTER DR 202 PETERSBURG FL 33702	1000 ALDERMAN DR ALPHARETTA GA 30005-4101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2397415		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$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				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 \_\_\_\_\_ (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, 2000 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 May Be Added to Fees</b>
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, C B JR			NAME			
STREET ADDRESS	2660 PEACHTREE RD			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30305			CITY-ST-ZIP			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DEREK V			NAME			
STREET ADDRESS	15120 N VALLEYFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	ALPHARETTA GA 30004			CITY-ST-ZIP			
TITLE	ECTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURLING, DOUGLAS C			NAME			
STREET ADDRESS	330 LOG HOUSE CT			STREET ADDRESS			
CITY-ST-ZIP	ROSWELL GA 30075			CITY-ST-ZIP			
TITLE	COO	<input type="checkbox"/> Delete		TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOULTON, JOSEPH			NAME	David Cook		
STREET ADDRESS	4970 58TH AVE S			STREET ADDRESS	5810 Millwick Drive		
CITY-ST-ZIP	SAINT PETERSBURG FL 33715			CITY-ST-ZIP	Alpharetta, GA 30005		
TITLE	VGS	<input type="checkbox"/> Delete		TITLE	VP, General Counsel, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE JAMES, J. MICHAEL			NAME	De James, J. Michael		
STREET ADDRESS	4588 HOLSTEIN HILL			STREET ADDRESS	4588 Holstein Hill		
CITY-ST-ZIP	NORCROSS GA 30092			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, MARY			NAME			
STREET ADDRESS	1290 OLD WOODBRIDGE RD			STREET ADDRESS	1290 Old Woodbine Road		
CITY-ST-ZIP	ATLANTA GA 30319			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: Michael DeJames **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)

C0092479  
#F9800003287

**APPLICATION PROFILES INC.**

1000 ALDERMAN DRIVE  
ALPHARETTA, GA 30005

**OFFICERS**

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS
PRESIDENT & CHAIRMAN	DEREK V. SMITH	15120 NORTH VALLEYFIELD ROAD, ALPHARETTA, GA 30004
CHIEF OPERATING OFFICER	JOSEPH HOULTON	4970 58TH AVENUE SOUTH, ST. PETERSBURG, FL 33715
EXEC. VP & TREASURER	DOUGLAS C. CURLING	330 LOG HOUSE COURT, ROSWELL, GA 30075
VICE PRESIDENT	DAVID COOK	5810 MILLWICK DRIVE, ALPHARETTA, GA 30005
VP, GENERAL COUNSEL AND SECRETARY	J. MICHAEL DE JANES	4588 HOLSTEIN HILL, NORCROSS, GA 30092
ASST. SECRETARY	MARY M. YOUNG	1290 OLD WOODBINE ROAD, ATLANTA, GA 30319

**DIRECTORS**

NAME	RESIDENTIAL ADDRESS
J. MICHAEL DE JANES	4588 HOLSTEIN HILL, NORCROSS, GA 30092
DEREK V. SMITH	15120 NORTH VALLEYFIELD ROAD, ALPHARETTA, GA 30004
DOUGLAS C. CURLING	330 LOG HOUSE COURT, ROSWELL, GA 30075