


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90093 047 ***150.00

DOCUMENT # F98000004059 1. Entity Name ONESOURCE MANAGEMENT, INC.	
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Principal Place of Business 1600 PARKWOOD CIRCLE #400 ATLANTA, GA 30339 US	Mailing Address 1600 PARKWOOD CIRCLE SUITE 400 CORPORATE TAX ATLANTA, GA 30339 US
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DO NOT WRITE IN THIS SPACE

40020000



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2405009	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BINDEMAN, MICHAEL S 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JONES, CHERYL C 1600 PARKWOOD CIRCLE STE. 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCNEESE, JACK L 1600 PARKWOOD CIRCLE STE. 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP FRIEDLANDER, SCOTT 1600 PARKWOOD CIR., #400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS DOBSON, NAOMI 1600 PARKWOOD CIRCLE STE. 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAID, PERRY 1600 PARKWOOD CIR., #400 ATLANTA, GA 30339

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 2/13/06 770 436 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #