## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT DOCUMENT # F9800004059



FILED Mar 14, 2007 8:00 am

Secretary of State

03-14-2007 90024 049 \*\*\*150.00 ONESOURCE MANAGEMENT, INC. Mailing Address Principal Place of Business 40035226 1600 PARKWOOD CIRCLE 1600 PARKWOOD CIRCLE #400 SUITE 400 CORPORATE TAX ATLANTA, GA 30339 ATLANTA, GA 30339 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 CR2E034 (12/06) Applied For City & State City & State 4. FFI Number 58-2405009 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. Signature, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. SE D.CFO DSVP Change TITLE Delete TITLE Addition CHANGE EM. MAJA.
/ KO PARKUNUS CA STEYOD
ATZANTA GA 2-315 BINDEMAN, MICHAEL S NAME NAME STREET ADDRESS 1600 PARKWOOD CIRCLE STE 400 STREET ADDRESS CITY-ST-7iP CITY ST ZIP ATLANTA, GA 30339 THE Delete THE Change Addition JONES, CHERYL C NAMÉ 1600 PARKWOOD CIRCLE STE. 400 STREET ADORESS. STREET ADDRESS CITY ST-ZIP ATLANTA, GA 30339 CITY-ST-ZIP AS THILE Delete TITLE Change ☐ Addition William & Mos MCNEESE, JACK L NAME NAME STREET ADDRESS 1600 PARKWOOD CIRCLE STE. 400 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30339 CITY-ST-7IP TITLE DSVP ☐ Delete TITEF ☐ Change ☐ AddItion NAME FRIEDLANDER, SCOTT NAME STREET ADDRESS 1600 PARKWOOD CIR., \$400 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30339 CITY-ST-ZIP TREASURE TITLE Delete TITLE Change ☐ Addition DOBSON, NAOMI NAME NAME STREET ADDRESS 1600 PARKWOOD CIRCLE STE. 400 STREET ADDRESS CITY-ST ZIP ATLANTA, GA 30339 CITY - ST- ZIP ☐ Delete TITLE Change Addition GAID, PERRY 1600 PARKWOOD CIR., #400 STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

ATLANTA, GA 30339

W.//.im Moore 03/08/07 170-434-9900