## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F98000006669

FILED Jul 16, 2009 Secretary of State

DOCUMENT# F9000000009				Secretary of State		
Entity Na	me: OXFORE	O OF SOUTH CAROLINA, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	MONT AVENU , GA 30308	E NE US				
Current Mailing Address:			New Maili	New Mailing Address:		
	MONT AVENU , GA 30308	E NE US				
FEI Number	: 58-2403944	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of	f New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( JOHN 222 PIEDMON ATLANTA, GA	,	Title: Name: Address: City-St-Zip:	LANIER, JOH	NT AVENUE, NE	
Title:	V (	) Delete	Title: Name		(X) Change()Addition	

Address: 222 PIEDMONT AVENUE, NE Address: 222 PIEDMONT AVENUE, NE ATLANTA, GA 30308 US ATLANTA, GA 30308 US City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition Т ( ) Delete Name: ANNE Name: SHOEMAKER, ANNE 222 PIEDMONT AVENUE, NE Address: 222 PIEDMONT AVENUE, NE Address: City-St-Zip: ATLANTA, GA 30308 US City-St-Zip: ATLANTA, GA 30308 US Title: S ( ) Delete Title: (X) Change ( ) Addition PALAKSHAPPÁ, SURAJ SURAJ Name: Name: 222 PIEDMONT AVENUE, NE 222 PIEDMONT AVENUE, NE Address: Address: City-St-Zip: ATLANTA, GA 30308 US City-St-Zip: ATLANTA, GA 30308 US Title: Title: (X) Change ( ) Addition () Delete CHUBB III, THOMAS Name: **THOMAS** Name: Address: 222 PIEDMONT AVENUE. NE Address: 222 PIEDMONT AVENUE. NE ATLANTA, GA 30308 US ATLANTA, GA 30308 US City-St-Zip: City-St-Zip:

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.

SIGNATURE: SURAJ A PALAKSHAPPA , SECRETARY S 07/16/2009