

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90531 018 ***150.00

DOCUMENT # F99000001533

1. Entity Name

BUCKHEAD STRATEGIC CORP. II



Principal Place of Business

**3424 PEACHTREE RD., NE, STE. 800
ATLANTA GA 30326**

Mailing Address

**ATTN: GAIL KNIGHT
3424 PEACHTREE RD. NE, SUITE 800
ATLANTA GA 30326**

2. Principal Place of Business

Attn: Glen Peters

3. Mailing Address

Attn: Glen Peters

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2204352

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME GOODMAN, LARRY S
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE P/D ☒ Change ☐ Addition
NAME Allman, John D.G.
STREET ADDRESS 200 Park Ave., 9th Floor
CITY-ST-ZIP New York, NY 10166

TITLE VPS ☒ Delete
NAME MCKEAN, THOMAS A
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE V/S ☒ Change ☐ Addition
NAME McCoy, Michael L.
STREET ADDRESS 700 North Pearl St., #1900
CITY-ST-ZIP Dallas, TX 75201

TITLE VPAS ☒ Delete
NAME NEWMARK, DEBBIE
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE V/T/D ☒ Change ☐ Addition
NAME Peters, Glen M.
STREET ADDRESS 3424 Peachtree Rd., NE, #400
CITY-ST-ZIP Atlanta, GA 30326

TITLE D ☒ Delete
NAME JOHNSON, GAGE R
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MILLS, NELSON E
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael L. McCoy, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04
Date

214-953-7757
Daytime Phone #