2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9900004040 1. Entity Name ONESOURCE FRANCHISE SYSTEMS, INC. Principal Place of Business Mailing Address 1600 PARKWOOD CIRCLE, SUITE 400 C/O CARLISLE MANAGEMENT SERVICES. INC. ATLANTA GA 30339 4800 N FEDERAL HWY STE 2008 **BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

CORPORATION SERVICE COMPANY

TALLAHASSEE FL 32301-2525

1201 HAYS STREET

6. Name and Address of Current Registered Agent

Zip

SIGNATURE

SIGNATURE:

FILED Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90004 021 ***150.00



4/9/2001 561-368-3899

CR2E034 (10/00)

Tax filing requirement and elects to do so After MAY 1, 2001			FEE IS \$150.00 Fee will be \$550.00 to Department of State		Trust Fund C		Adde)0 May Be d to Fees
11.	OFFICERS AND DIRECTORS		12.	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAZE, PETER 4800 N. FEDERAL HIGHWAY, SUITE 2 BOCA RATON FL 33431	COOB	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16007	as Cam Parkwood Nta, GA	'CiR.#40	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, GEORGE A 1600 PARKWOOD CIRCLE, SUITE 400 ATLANTA GA 30339	X Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Roca 4800 A Boca	gerGebh u. Federi L'Raton	aad 21 Hwy # , FL 334] Change 2008 431	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-VS LEVINE, STEVEN J 4800 N. FEDERAL HIGHWAY, SUITE 2 BOCA RATON FL 33431	OOB	NAME SIL TAUUNCO- CITY-ST-ZIP	D/V/9	<u>-</u>	-	Change	. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLBERT, ANN M 4800 N. FEDERAL HIGHWAY, SUITE 2 BOCA RATON FL 33431	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MCGONAGILL, KENNETH 1600 PARKWOOD CIRCLE, SUITE 400 ATLANTA GA 30339	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HOLLEY, HUMAIRA 1600 PARKWOOD CIRCLE, SUITE 400 ATLANTA GA 30339	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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 a other like singleword.								

CER OR DIRECTOR

Country

Name

City