

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2006 90093 048 ***150.00

DOCUMENT # F99000004040

1. Entity Name
ONESOURCE FRANCHISE SYSTEMS, INC.



Principal Place of Business
1600 PARKWOOD CIRCLE, SUITE 400
ATLANTA, GA 30339

Mailing Address
1600 PARKWOOD CIRCLE, SUITE 400
ATTN:CORPORATE TAX
ATLANTA, GA 30339

40020361



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3667071 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AV
NAME	BINDEMAN, MICHAELS
STREET ADDRESS	1600 PARKWOOD CIRCLE, STE 400
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	AS
NAME	MCNEESE, JACK L
STREET ADDRESS	1600 PARKWOOD CIRCLE, STE 400
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	CEO
NAME	JONES, CHERYL C
STREET ADDRESS	1600 PARKWOOD CIRCLE, STE 400
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	V
NAME	MOORE, WILLIAM E
STREET ADDRESS	1600 PARKWOOD CIRCLE, STE 400
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	TAS
NAME	DOBSON, NAOMI
STREET ADDRESS	1600 PARKWOOD CIRCLE, #400
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	DVS
NAME	FRIEDLANDER, SCOTT
STREET ADDRESS	1600 PARKWOOD CIRCLE #400
CITY-ST-ZIP	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 #