

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2001 8:00 am**
Secretary of State

02-19-2001 90045 020 ***150.00

DOCUMENT # F99000004679

1. Entity Name

MACDONALD CONSULTING GROUP, INC.

Principal Place of Business

**15 PIEDMONT CENTER, STE 1550
ATLANTA GA 30305**

Mailing Address

**15 PIEDMONT CENTER, STE 1550
ATLANTA GA 30305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1914443**

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****SCHWALB, PHILIP
5850 T.G. LEE BLVD., STE 510
ORLANDO FL 32822**

Name

Holly Lesnick

Street Address (P.O. Box Number is Not Acceptable)

5850 T.G. Lee Blvd., Ste. 510

City

Orlando**FL**

Zip Code

32822

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.

SIGNATURE **Holly Lesnick**
Signature, typed or printed name of registered agent and title if applicable.**Holly Lesnick**
(NOTE: Registered Agent signature required when reinstating)**1/12/01**
DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P** ☐ Delete
NAME **MENTOR, RUTH P**
STREET ADDRESS **422 HERRINGTON DRIVE, NE**
CITY-ST-ZIP **ATLANTA GA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **CRAWFORD JR, GRADY J**
STREET ADDRESS **2144 VILLAGE POINT**
CITY-ST-ZIP **ATLANTA GA**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2602 Oglethorpe Circle**
CITY-ST-ZIP **Atlanta, GA 30319**TITLE **ST** ☐ Delete
NAME **HOAD, NICHOLAS**
STREET ADDRESS **3842 HARTS MILL RD.**
CITY-ST-ZIP **ATLANTA GA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01 408 581 6240

CR2E034 (10/00)