

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005937

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: CIRCLE HOUSING CORPORATION

**Current Principal Place of Business:**

8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY, NJ 07054

**New Principal Place of Business:**

**Current Mailing Address:**

8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY, NJ 07054

**New Mailing Address:**

FEI Number: 22-3496517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DARK, JOHN W  
Address: TWO RAVINA DRIVE, SUITE 1400  
City-St-Zip: ATLANTA, GA 30346

Title: PD ( ) Delete  
Name: LEVY, NOAH  
Address: 8 CAMPUS DRIVE, 4TH FLOOR  
City-St-Zip: PARSIPPANY, NJ 07054

Title: T ( ) Delete  
Name: COYLE, BERNADETTE  
Address: 8 CAMPUS DRIVE, 4TH FLOOR  
City-St-Zip: PARSIPPANY, NJ 07054

Title: S ( ) Delete  
Name: VERHOFF, CATHERINE L  
Address: 8 CAMPUS DRIVE, 4TH FLOOR  
City-St-Zip: PARSIPPANY, NJ 07054

Title: D ( ) Delete  
Name: TAYSOM, DALE  
Address: TWO RAVINIA DRIVE SUITE 1400  
City-St-Zip: ATLANTA, GA 30346

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE L VERHOFF

S

03/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date