

2000 UNIFORM BUSINESS REPORT (UBR)

01 - 7

DOCUMENT # F99000005996

1. Entity Name
HP/ST. CLOUD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 26 PM 3:42

Principal Place of Business
950 NORTH POINT PARKWAY, SUITE 100
ALPHARETTA GA 30005

Mailing Address
950 NORTH POINT PARKWAY, SUITE 100
ALPHARETTA GA 30005



REINSTATEMENT 00-01

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3603373

Applied For
Not Applicable

Zip Country

Zip Country

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.

SIGNATURE Dale H. Morris

2/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 CPT
NAME MITTLEIDER, DOUGLAS K
STREET ADDRESS 950 NORTH POINT PARKWAY, SUITE 100
CITY-ST-ZIP ALPHARETTA GA 30005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003801903
-03/06/01--01031--002
****300.00 ****300.00

TITLE DVS
NAME FOXWORTHY, MICHAEL L
STREET ADDRESS 950 NORTH POINT PARKWAY, SUITE 100
CITY-ST-ZIP ALPHARETTA GA 30005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003501803--S
-03/06/01--01031--003
****600.00 ****600.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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]

1-9-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (5/00)