2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State
01-27-2005 90042 006 ***150.00

DOCUMENT # L77762

1. Entity Name
W.H. SMITH OF FLORIDA, INC.

40007240

01132005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
3200 WINDY HILL ROAD 1500, WEST TOWER ATLANTA, GA 30339 US	3200 WINDY HILL ROAD 1500, WEST TOWER ATLANTA, GA 30339 US

2. Principal Place of Business	3. Mailing Address
400 GALLERIA PKWY.	400 GALLERIA PKWY.
Suite, Apt. #, etc.: 1500	Suite, Apt. #, etc.: 1500
City & State: ATLANTA, GA	City & State: ATLANTA, GA
Zip: 30339 Country: USA	Zip: 30339 Country: USA

4. FEI Number: 58-1902349 ☐ 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
CT CORPORATION SYSTEM 1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLIPSON, PAUL 3200 WINDY HILL RD. STE. 1500 W. ATLANTA, GA 30339	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HANDOVER, RICHARD 3200 WINDY HILL RD. STE. 1500 W. ATLANTA, GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RICHARD HANDOVER 400 GALLERIA PKWY, SUITE 1500 ATLANTA, GA 30339 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO ANDERSON, PAUL 3200 WINDY HILL RD. STE. 1500 W. ATLANTA, GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/CFO/D PAUL ANDERSON 400 GALLERIA PKWY, SUITE 1500 ATLANTA, GA 30339 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARDNER, CATHERINE 3200 WINDY HILL RD. STE. 1500 W. ATLANTA, GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D CATHERINE GARDNER 400 GALLERIA PKWY, SUITE 1500 ATLANTA, GA 30339 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MANNING, MATTHEW 3200 WINDY HILL RD. STE. 1500 W. ATLANTA, GA 30339	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/25/05 678-486-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CATHERINE GARDNER