

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M32364**

1. Entity Name  
**COTTON STATES MARKETING RESOURCES, INC.**



Principal Place of Business  
**244 PERIMETER CENTER PARKWAY, N.E.  
ATLANTA, GA 30346**

Mailing Address  
**244 PERIMETER CENTER PARKWAY, N.E.  
ATLANTA, GA 30346**



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2681997</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 2007 Fee will be \$550.00**

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

**U000000602553  
01/26/07-80095-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BAURER, BARBARA
STREET ADDRESS	244 PERIMETER CENTER PARKWAY NE
CITY-ST-ZIP	ATLANTA, GA 30346

TITLE	VD
NAME	MAGERS, DAVID A
STREET ADDRESS	244 PERIMETER CENTER PARKWAY NE
CITY-ST-ZIP	ATLANTA, GA 30346

TITLE	SD
NAME	HARMON, PAUL
STREET ADDRESS	244 PERIMETER CENTER PARKWAY NE
CITY-ST-ZIP	ATLANTA, GA 30346

TITLE	V
NAME	BARLOW, WILLIAM J
STREET ADDRESS	244 PERIMETER CENTER PARKWAY NE
CITY-ST-ZIP	ATLANTA, GA 30346

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Peter J. Borowski*

**Peter J. Borowski, VP**

**1-18-07**

**309-821-3596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #