

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90085 045 ****55.00

DOCUMENT # M98000000407. 1. Entity Name UTILIQUEST, LLC					
Principal Place of Business 500 NORTHRIDGE ROAD SUITE 300 ATLANTA, GA 30350			Mailing Address 500 NORTHRIDGE ROAD SUITE 300 ATLANTA, GA 30350		
2. Principal Place of Business <i>Four Concourse Pkwy Ste 250</i>		3. Mailing Address <i>Four Concourse Pkwy Ste 250</i>			
Suite, Apt. #, etc. <i>Ste 250</i>		Suite, Apt. #, etc. <i>Ste 250</i>			
City & State <i>Atlanta, GA</i>		City & State <i>Atlanta, GA</i>			
Zip <i>30328</i>		Country <i>Fulton</i>		Zip <i>30328</i>	
Country <i>Fulton</i>		Country <i>Fulton</i>			
4. FEI Number 58-2379970			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MASUMI, JAMAL <input type="checkbox"/> Delete 500 NORTHRIDGE ROAD SUITE 300 ATLANTA, GA 30350		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Four Concourse Pkwy - Ste 250 Atlanta, GA 30328</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SATTERFIELD, BUD <input type="checkbox"/> Delete 500 NORTHRIDGE ROAD SUITE 300 ATLANTA, GA 30350		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Four Concourse Pkwy - Ste 250 Atlanta, GA 30328</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LENIG, MIKE <input checked="" type="checkbox"/> Delete 500 NORTHRIDGE ROAD SUITE 300 ATLANTA, GA 30350		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Controller Byron Russell Four Concourse Pkwy Ste 250 Atlanta, GA 30328</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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