2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# N03000004054

Entity Name: FSU ATO HOUSE CORPORATION

Current Principal Place of Business:

5354 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 780
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 57-1166670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, TRAVIS
5354 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAGLIONE, FRED J
Address: 1649 DUNCAN DRIVE
City-St-Zip: ATLANTA, GA 30318 US

Title: D ( ) Delete
Name: MILLER, TRAVIS
Address: 5354 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: PD ( ) Delete
Name: WRIGHT, GARRICK
Address: 9393 WINDAM WAY
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DT ( ) Delete
Name: SMITH, SKIP
Address: 208 WINN CAY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D ( ) Delete
Name: MINTER, CHARLES JR.
Address: 1733 RIVER BIRCH HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS ( ) Delete
Name: NEWMAN, BRIAN
Address: 2030 LAUREL STREET
City-St-Zip: TALLAHASSEE, FL 32302 US

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:

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED MAGLIONE D 01/30/2008

Electronic Signature of Signing Officer or Director — Date