2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N97000005575

Entity Name: WESTON BUSINESS CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3424 PEACHTREE ROAD, N.E.
SUITE 1500
ATLANTA, GA 30326

New Principal Place of Business:

Current Mailing Address:

3424 PEACHTREE ROAD, N.E.
SUITE 1500
ATLANTA, GA 30326

New Mailing Address:

FEI Number: 58-2438165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324 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: PD ( ) Delete
Name: ZEHL, RICHARD
Address: 515 EAST LAS OLAS BLVD, SUITE 960
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VPD ( ) Delete
Name: RYAN, GREG
Address: 3424 PEACHTREE RD, NE, SUITE 1500
City-St-Zip: ATLANTA, GA 30326

Title: SD ( ) Delete
Name: PONTIUS, PAUL
Address: 3424 PEACHTREE ROAD, N.E., SUITE 1500
City-St-Zip: ATLANTA, GA 30326

Title: TD ( ) Delete
Name: HOSMAN, JOSHUA
Address: 3424 PEACHTREE ROAD, N.E. SUITE 1500
City-St-Zip: ATLANTA, GA 30326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: MOTES, MIKA
Address: 3424 PEACHTREE RD, NE, SUITE 1500
City-St-Zip: ATLANTA, GA 30326

Title: SD (X) Change ( ) Addition
Name: KNOX, JACKIE
Address: 3424 PEACHTREE ROAD, N.E., SUITE 1500
City-St-Zip: ATLANTA, GA 30326

Title: TD (X) Change ( ) Addition
Name: WILSON, RACHEL
Address: 3424 PEACHTREE ROAD, N.E. SUITE 1500
City-St-Zip: ATLANTA, GA 30326

I hereby certify that the information supplied with this filing does not qualify for the 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: RACHEL WILSON TD 04/26/2006

Electronic Signature of Signing Officer or Director — Date