

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0001490 AV

03-13-2002 90115 028 \*\*\*150.00

**DOCUMENT # P14085**

1. Entity Name  
**NAMASCO CORPORATION**

Principal Place of Business <b>P.O. BOX 5116  TAMPA FL 33675-5116</b>	Mailing Address <b>5775 GLENRIDGE DRIVE  BLDG C SUITE 110  ATLANTA GA 30328  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>500 Colonial Center Parkway</b> Suite, Apt. #, etc. <b>Suite 500</b>
City & State	City & State <b>Roswell, GA</b>
Zip	Country
<b>30076</b>	<b>US</b>

4. FEI Number <b>38-0246626</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**

**BOEDEKER, JAMES**  
**907 S 20TH STREET**  
**TAMPA FL 33605**

**7. Name and Address of New Registered Agent**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>MUESERS, RAIMUND</b> <b>5775 GLENRIDGE DRIVE BLDG C SUITE 110</b> <b>ATLANTA GA 30328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BUDENBENDER, GEORG</b> <b>5775 GLENRIDGE DRIVE BLDG C STE 110</b> <b>ATLANTA GA 30328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>KOEGLER, HERMANN</b> <b>5775 GLENRIDGE DRIVE BLDG C STE 110</b> <b>ATLANTA GA 30328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <input type="checkbox"/> Delete <b>STRASSBURGER, ROLAND</b> <b>5775 GLENRIDGE DRIVE BLDG C SUITE 110</b> <b>ATLANTA GA 30328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <input type="checkbox"/> Delete <b>JOHNSON, KIRK A</b> <b>5775 GLENRIDGE DRIVE BLDG C SUITE 110</b> <b>ATLANTA GA 30328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>OBRIEN, BERNARD C</b> <b>5775 GLENRIDGE DRIVE BLDG C SUITE 110</b> <b>ATLANTA GA 30328</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nasser Alaghband</b> <b>500 Colonial Center Parkway, Suite 500</b> <b>Roswell, GA 30076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gordon Gosnell</b> <b>500 Colonial Center Parkway, Suite 500</b> <b>Roswell, GA 30076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Colonial Center Parkway, Suite 500</b> <b>Roswell, GA 30097</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Colonial Center Parkway, Suite 500</b> <b>Roswell, GA 30076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Colonial Center Parkway, Suite 500</b> <b>Roswell, GA 30076</b>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **2/25/02** **678 259 8814**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)