


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90212 036 ***150.00

DOCUMENT # P15934	
1. Entity Name ADAMS PACKING ASSOCIATION, INC.	

Principal Place of Business 280 PARK AVENUE 24TH FLOOR NEW YORK, NY 10017 US	Mailing Address 280 PARK AVENUE 24TH FLOOR NEW YORK, NY 10017 US
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2. Principal Place of Business - No P.O. Box # 1155 Perimeter Center West Suite 1200 Atlanta, GA 30338 USA	3. Mailing Address 1155 Perimeter Center West Suite 1200 Atlanta, GA 30338 USA
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05282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2772053

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE AS	NAME SINGLETARY, JANE A	<input checked="" type="checkbox"/> Delete	TITLE Pres	NAME Thomas A. Garrett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 280 PARK AVENUE			STREET ADDRESS 1155 Perimeter Center West, Suite 1200		
CITY-ST-ZIP NEW YORK, NY 10017			CITY-ST-ZIP Atlanta, GA 30338		
TITLE DVPC	NAME SCHORR, BRIAN L	<input checked="" type="checkbox"/> Delete	TITLE CFO / Director	NAME Stephen E. Have	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 280 PARK AVENUE			STREET ADDRESS 1155 Perimeter Center West, Suite 1200		
CITY-ST-ZIP NEW YORK, NY 10017			CITY-ST-ZIP Atlanta, GA 30338		
TITLE AS	NAME ROSEN, STUART I	<input checked="" type="checkbox"/> Delete	TITLE Sec / Director	NAME Nils H. Olesen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 280 PARK AVENUE, 41ST FLOOR			STREET ADDRESS 1155 Perimeter Center West, Suite 1200		
CITY-ST-ZIP NEW YORK, NY			CITY-ST-ZIP Atlanta, GA 30338		
TITLE DVCF	NAME MCCARRON, FRANCIS T	<input checked="" type="checkbox"/> Delete	TITLE Asst. Sec.	NAME Tracey C. Fraser	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 280 PARK AVENUE, 41ST FLOOR			STREET ADDRESS 1155 Perimeter Center West, Suite 1200		
CITY-ST-ZIP NEW YORK, NY			CITY-ST-ZIP Atlanta, GA 30338		
TITLE EVP	NAME GARDEN, EDWARD P	<input checked="" type="checkbox"/> Delete	TITLE Asst. Sec.	NAME Robert Q. Jones, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 280 PARK AVENUE, 41ST FLOOR			STREET ADDRESS 1155 Perimeter Center West, Suite 1200		
CITY-ST-ZIP NEW YORK, NY 10017			CITY-ST-ZIP Atlanta, GA 30338		
TITLE V	NAME CROWE, ROBERT J	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 280 PARK AVENUE, 24TH FLOOR			STREET ADDRESS		
CITY-ST-ZIP NEW YORK, NY			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tracey C. Fraser Asst. Sec. 5/28/2008 678.514.4338