

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90407 032 ***150.00

DOCUMENT # P16217

1. Entity Name
ONESOURCE FACILITY SERVICES, INC.



Principal Place of Business
**1600 PARK WOOD CIR
STE 400
ATLANTIC, GA 30339 US**

Mailing Address
**1600 PARK WOOD CIR
STE 400
ATLANTIC, GA 30339 US**

94079811



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

13-3083344

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDS
LEVINE, STEVEN
7700 CONGRESS AVENUE SUITE 3214
BOCA RATON, FL 33487** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
CHERYL C. JONES
1600 PARKWOOD CIRCLE STE 400
ATLANTA GA 30339** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OLBERT, ANN
7700 CONGRESS AVENUE SUITE 3214
BOCA RATON, FL 33487** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MICHAEL S. BINDEMAN
1600 PARKWOOD CIRCLE STE 400
ATLANTA GA 30339** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAZE, PETER
7700 CONGRESS AVENUE, SUITE 3214
BOCA RATON, FL 33431** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
SCOTT E. FRIEDLANDER
1600 PARKWOOD CIRCLE STE 400
ATLANTA GA 30339** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
GEBHARD, ROGER
7700 CONGRESS AVENUE, SUITE 3214
BOCA RATON, FL 33487** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PERRY J. GAID
1600 PARKWOOD CIRCLE STE 400
ATLANTA GA 30339** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TAS
PATRICIA G. BLUESTEIN
1600 PARKWOOD CIRCLE STE 400
ATLANTA GA 30339** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
JACK L. McNEESE
1600 PARKWOOD CIRCLE STE 400
ATLANTA GA 30339** ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack L. McNeese **Jack L. McNeese**

4/29/04

770 300 0815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #