2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90561 004 ***150.00

DOCUMEN I # P16217 1. Entity Name ONESOURCE FACILITY SERVICES, INC.							03-02-200	is 90561 0	J4 ****13	50.00	
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				1 (1881) 188 (18		al alain alu ei aku ti	1(01) BIBU BIBU	ite i II (111 i	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03172005 Chg-P CR2E034 (10/03)					
City & State		City & State				4. FEI Number Applied For 13-3083344 Not Applica					
Zip Country		Zip	try		5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current I					7. Name and Address of New Registered Agent					
					Name						
CORPORATION SERVICE COMPANY 1201 HAYES ST. STE. 105				Street Address (P.O. Box Number is Not Acceptable)							
TALLAHAS											
:			City				FL	Zip Code	3		
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											
	Signature of the state of the s	1					1				
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Con		ncing	\$5 . Add	.00 May Be led to Fees					
10.	OFFICERS AND DIRECTORS 11					ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	CEO Delete		TITL	1					Change	☐ Addition	
NAME JONES, CHERYL C STREET ADDRESS 1600 PARKWOOD CIRCLE STE 4		NAM 400		- 1							
STREET ADDRESS CITY-ST-ZIP	ATLANTA, GA 30339	400		ET ADDRESS -ST-ZIP							
TITLE			TITU						☐ Change	☐ Addition	
NAME	BINDEMAN, MICHAEL S										
STREET ADDRESS	1333 / 111111333 3111333 3111333			EET ADDRESS							
CITY-ST-ZIP											
TITLE	DVS Delete III								Change	Addition	
NAME FRIEDLANDER, SCOTT E NA STREET ADDRESS 1600 PARKWOOD CIRCLE STE 400 STI				EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
EITLE	٧	☐ Delete	TITL	£				···	Change	Addition	
NAME	GAID, PERRY J		NAM	1							
STREET ADDRESS CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			EET ADDRESS '-S1-ZIP							
	TAS	<u>M</u> Delete	דוזנו		TAS				Change	Addition	
NAME	BLUESTEIN, PATRICIA G	L_1 Delete	NAM	te 1	D082	امل بالم	od Circle, 5 03339	SLA AND	C Grange	(According	
STREET ADDRESS				EET ADDRESS	1000) PARKWO	of Club,	24 c -10-			
CITY-ST-ZIP	ATLANTA, GA 30339			'-ST-ZIP	AHA	nta, 6A	30334				
TITLE .			IIIL	I					Change	Addition	
NAME STREET ADDRESS	MCNEESE, JACK L 1600 PARKWOOD CIRCLE STE	400	NAM Stri	ME Eet address							
CITY-ST-ZIP	ATLANTA, GA 30339			-ST-ZIP							
12. I hereby	certify that the information supplied with	this filing does not qualify for	or the exe	emption stat	ed in Se	ection 119.07(3)(i), Florida Statutes	. I further certi	fy that the i	nformation	
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 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											

4/21/2005 770 308 08 15 Date Daysime Phone #