

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24547

FILED
Mar 27, 2008
Secretary of State

Entity Name: STONE MOUNTAIN INDUSTRIAL PARK, INC.

Current Principal Place of Business:

5830 E PONCE DE LEON AVE
STONE MOUNTAIN, GA 30083

New Principal Place of Business:

Current Mailing Address:

5830 E PONCE DE LEON AVE
STONE MOUNTAIN, GA 30083

New Mailing Address:

FEI Number: 58-0898713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PARKER, ELIZABETH
Address: 5830 E PONCE DE LEON AVE
City-St-Zip: STONE MOUNTAIN, GA

Title: VD () Delete
Name: PATTILLO, LYNN L.,
Address: 5830 E PONCE DE LEON AVE
City-St-Zip: STONE MOUNTAIN, GA

Title: S () Delete
Name: KERMAN, MICHAEL G.
Address: 999 PEACHTREE STREET NE
City-St-Zip: ATLANTA, GA 303093996

Title: AS () Delete
Name: DRAKE, JOHN WALTER
Address: SUITE 600, DECATUR FEDERAL BLDG
City-St-Zip: DECATUR, GA

Title: V () Delete
Name: CALLAHAN, LAWRENCE P
Address: 5830 EAST PONCE DE LEON AVENUE
City-St-Zip: STONE MOUNTAINB, GA

Title: V () Delete
Name: HARRISON, JOSHUA W
Address: 5830 EAST PONCEW DE LEON AVE.
City-St-Zip: STONE MOUNTAIN, GA 30083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: P (X) Change () Addition
Name: CALLAHAN, LAWRENCE P
Address: 5830 EAST PONCE DE LEON AVENUE
City-St-Zip: STONE MOUNTAINB, GA

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA LARKINS-MASSIAH

CTRL

03/27/2008

Electronic Signature of Signing Officer or Director

Date