

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P25884

**FILED**  
**Jun 07, 2011**  
**Secretary of State**

**Entity Name:** OLDCASTLE SOUTHERN GROUP, INC.

**Current Principal Place of Business:**

900 ASHWOOD PARKWAY, SUITE 700  
ATLANTA, GA 30338 US

**New Principal Place of Business:**

13101 TELECOM DRIVE  
SUITE 101  
TAMPA, FL 33637 US

**Current Mailing Address:**

900 ASHWOOD PARKWAY, SUITE 700  
ATLANTA, GA 30338 US

**New Mailing Address:**

375 NORTHRIDGE ROAD  
SUITE 350  
ATLANTA, GA 30350 US

**FEI Number:** 58-1401468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 333242525 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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: MERGENS, RICHARD  
Address: 13101 TELECOM DRIVE, SUITE 101  
City-St-Zip: TAMPA, FL 33637 US

Title: PD  
Name: DUKE, ROBERT F  
Address: 13101 TELECOM DRIVE, SUITE 101  
City-St-Zip: TAMPA, FL 33637 US

Title: SEC  
Name: BROWN, CHARLES  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350 US

Title: TREA  
Name: BROWN, CHARLIE  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350 US

Title: AS  
Name: HICKMAN, GARY P  
Address: 375 NORTHRIDGE ROAD, STE. 350  
City-St-Zip: ATLANTA, GA 30350

Title: AS  
Name: ODRISCOLL, MICHAEL G  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350

I hereby 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 all other like empowered.

SIGNATURE: ROBERT F. DUKE

PD

06/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date