2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 01, 2005 8:00 am
Secretary of State

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # P28310

1. Entity Name
PST SERVICES, INC.

Principal Place of Business	Mailing Address
~~2840 MT WILKINSON PKWY~~	~~2840 MT WILKINSON PKWY~~
~~ATLANTA, GA 30339~~	~~ATLANTA, GA 30339~~

2. Principal Place of Business	3. Mailing Address
1145 Sanctuary Pkwy.	1145 Sanctuary Pkwy
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Alpharetta, GA	City & State Alpharetta, GA
Zip 30004 Country USA	Zip 30004 Country USA

4. FEI Number 58-1953146 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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
After May 1, 2005 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 P NAME MURPHY, FRANK B STREET ADDRESS 2840 MT. WILKINSON PARKWAY CITY-ST-ZIP ATLANTA, GA 30339	☒ Delete	TITLE President NAME Pead, Philip M. STREET ADDRESS 1145 Sanctuary Pkwy., Suite 200 CITY-ST-ZIP Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE D NAME PEAD, PHILIP M STREET ADDRESS 2840 MT. WILKINSON PARKWAY CITY-ST-ZIP ATLANTA, GA 30339	☐ Delete	TITLE Director NAME Pead, Philip M. STREET ADDRESS 1145 Sanctuary Pkwy., Suite 200 CITY-ST-ZIP Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE EVCF NAME PERKINS, CHRIS E STREET ADDRESS 2840 MT. WILKINSON PARKWAY CITY-ST-ZIP ATLANTA, GA 30339	☐ Delete	TITLE Exec. VP, CFO NAME Perkins, Chris STREET ADDRESS 1145 Sanctuary Pkwy., Suite 200 CITY-ST-ZIP Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE VPT NAME LESHYNSKI, CARYN STREET ADDRESS 2840 MT WILKINSON PKWY CITY-ST-ZIP ATLANTA, GA 30339	☐ Delete	TITLE Treasurer NAME Leshynski, Caryn STREET ADDRESS 1145 Sanctuary Pkwy., Suite 200 CITY-ST-ZIP Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE VPSC NAME QUINER, PAUL J STREET ADDRESS 2840 MT. WILKINSON PARKWAY CITY-ST-ZIP ATLANTA, GA 30339	☐ Delete	TITLE SVP, General Counsel & Secretary NAME Quiner, Paul STREET ADDRESS 1145 Sanctuary Pkwy., Suite 200 CITY-ST-ZIP Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE VP NAME CALLAHAN, MICHAEL K STREET ADDRESS 2840 MT. WILKINSON PARKWAY CITY-ST-ZIP ATLANTA, GA 30339	☐ Delete	TITLE VP NAME Callahan, Mike STREET ADDRESS 1145 Sanctuary Park, Suite 200 CITY-ST-ZIP Alpharetta, GA 30004	☒ 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: _____ 1/26/05 (770) 237-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #