## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 15, 2005 8:00 am Secretary of State

04-15-2005 90084 030 \*\*\*150.00

DOCUMENT # P32272  1. Entity Name BRAMBLES INDUSTRIES, INC.							04-15-2005	90084 0	30 ***150	0.00
Principal Place of Business  180 TECHNOLOGY PKWY. ROOM 600 NORCROSS, GA 30092  US  Mailing Address  180 TECHNOLOGY PKWY. ROOM 600 ROOM 600 NORCROSS, GA 30092			r. US			£ 800/1001 (E)	1 (1111 B 1181) (1811) B (1111)	ı gişti okolu ol	PH BLEN BEBN BLF	11 <b>88</b> 1 18 1881
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #, etc.				04112005	Chg-P	CR2E	034 (10/03)	
City & State		City & State		••	4. FEI Numbe 36-3714				pplied For at Applicable	
Zip	Country	Zíp	Coun	try			of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current Re-	Jistered Agent				7. Name and	Address of New R	egistered	Agent	
CT CORPORATION SYSTEM				Name						
C/O CT CORPORATION SYSTEM  1200 SOUTH PINE ISLAND RD.				Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324										• .
				City	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.					<b>\$5</b> . Add	.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS 11					ADDITIONS/	CHANGES TO OFF	ICERS ANI	D DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZiP	SCHMIDT, MELISSA L  180 TECHNOLOGY PKWY., RM 600  NORCROSS, GA 30092			e et address •st-zip						
TITLE	VSTD	<b>∑</b> Delete 11		=======================================	V/D/	V/D/S/T			☐ Change	★ Addition
NAME	DUSKIN, T. DOUGLAS		NAM		Geor	ge D. Ne	lson, III			
STREET ADDRESS CITY+ST+ZIP	180 TECHNOLOGY PKWY., RM. 600 NORCROSS, GA 30092			ET ADDRESS -ST-ZIP	180 Nore	Technolo ross, GA	gy Pkwy., 30092	Room	600	
TITLE	D	X Delete	TITLE	<u> </u>	D				☐ Change	· X Addition
NAME	FARRELL, ROBERT V	ATEMAN/	NAM			er Judd		_		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -\$1-zip			e Place, 2000, Aus			eway
TITLE	AS	K Delete	TITLE		AS	ley, Rowe	2000; Aus	LIAIIA	□ Change	X Addition
NAME	CLEAVENGER, ROBIN		NAM		Jasc	n Mordle			·	
STREET ADDRESS CITY-ST-ZIP	•			ET ADDRESS -St-Zip		Technology Pkwy., Room		600		
TITLE	AS MELLY	☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS	HOWLEY, KELLY 1100 PEACHTREE ST., SUITE 280	n	NAM STRE	E Et address						
CITY-ST-ZIP	ATLANTA, GA 30309	~		-ST-ZIP						
TITLE	AS	☐ Delete	TITLE						☐ Change	Addition
NAME	FALSTAD, DANIEL T	•	NAM							
STREET ADDRESS CITY-ST-ZIP	1100 PEACHTREE ST., SUITE 280 ATLANTA, GA 30309	U		ET ADDRESS -ST-ZIP						
<u> </u>	certify that the information supplied with thi	s filing does not qualify for t	·I		ted in Se	ction 119 07/3\/i	) Florida Statutes	l further ce	ertify that the is	formation

I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.0/[9](i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

Kelly signature and the dot printed name of signing officer or director

Kelly A. Howley

4-12-2005

(404) 815-6328 Daytime Prione #