


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P33810**  
 1. Entity Name  
**NICOLON CORPORATION**



Principal Place of Business 365 SOUTH HOLLAND DRIVE PENDERGRASS, GA 30567	Mailing Address 365 SOUTH HOLLAND DRIVE PENDERGRASS, GA 30567
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01292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-0603223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000140964 04/29/04-80182-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKE, DAVID C 365 SOUTH HOLLAND DRIVE PENDERGRASS, GA 30567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VRIES, LOEK DE EGBERT GORTERSTREAT ALMELO NETHERLANDS.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAHILL, JOHN 365 SOUTH HOLLAND DRIVE PENDERGRASS, GA 30567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SISLER, SUSAN 365 SO. HOLLAND DRIVE PENDERGRASS, GA 30567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC AVERETTE, JOSEPH W 365 SOUTH HOLLAND DRIVE PENDERGRASS, GA 30567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Susan C. Sisler Susan C. Sisler Treasurer 2-10-04 706-693-2226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #