


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90082 009 ***150.00

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|--|-------------------------|--|---|--|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 57-0603223 | |
| Zip | | Country | | 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 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | PRESIDENT/CHAIRMAN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARKE, DAVID C | | NAME | | |
| STREET ADDRESS | 365 SOUTH HOLLAND DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENDERGRASS, GA 30567 | | CITY-ST-ZIP | | |
| TITLE | C | <input checked="" type="checkbox"/> Delete | TITLE | DIRECTOR/VP Sales & Marketing | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VRIES, LOEK DE | | NAME | WALLACE L. MOORE | |
| STREET ADDRESS | EGBERT GORTERSTREET | | STREET ADDRESS | 365 SOUTH HOLLAND DRIVE | |
| CITY-ST-ZIP | ALMELO NETHERLANDS, | | CITY-ST-ZIP | PENDERGRASS GA 30567 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAHILL, JOHN | | NAME | | |
| STREET ADDRESS | 365 SOUTH HOLLAND DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENDERGRASS, GA 30567 | | CITY-ST-ZIP | | |
| TITLE | VPT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SISLER, SUSAN | | NAME | | |
| STREET ADDRESS | 365 SO. HOLLAND DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENDERGRASS, GA 30567 | | CITY-ST-ZIP | | |
| TITLE | VPSC | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AVERETTE, JOSEPH W | | NAME | | |
| STREET ADDRESS | 365 SOUTH HOLLAND DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENDERGRASS, GA 30567 | | CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, W. HEARD | | NAME | | |
| STREET ADDRESS | 365 SOUTH HOLLAND DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENDERGRASS, GA 30567 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Susan C Sisler</i> | | Treasurer | | 1/24/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | 706-693-2226 | |
| | | | | Daytime Phone # | |

Susan C Sisler