

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90115 012 ***150.00

0626255
AT

DOCUMENT # P33810

1. Entity Name
NICOLON CORPORATION



Principal Place of Business
**2170 SATELLITE BLVD STE 350
DULUTH GA 30097-4074**

Mailing Address
**365 SOUTH HOLLAND DRIVE
PENDERGRASS GA 30567**

2. Principal Place of Business
365 SOUTH HOLLAND DRIVE

3. Mailing Address
Suite, Apt. #, etc. _____

City & State
PENDERGRASS GA

City & State

Zip
30567

Country
JACKSON

Zip _____

Country _____

4. FEI Number **57-0603223**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKE, DAVID C 2170 SATELLITE BLVD SUITE 350 DULUTH GA 30097
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 2170 STELLIETA BLVD SUITE 350 DULUTH GA 30097
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 2170 SATELLITE BLVD STE 350 DULUTH GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 365 South Holland Drive Pendergrass, GA 30567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 365 South Holland Drive Pendergrass, GA 30567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 365 South Holland Drive Pendergrass, GA 30567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph W. Averette **4-15-03** **706-688-2237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)