

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0001660  
AV

DOCUMENT # **P34496**

1. Entity Name  
**PRG-SCHULTZ USA, INC.**



05-01-2003 90409 039 \*\*\*150.00



Principal Place of Business <b>2300 WINDY RIDGE PKWAY STE 900N ATLANTA GA 30339-8426 US</b>		Mailing Address <b>2300 WINDY RIDGE PKWAY STE 900N ATLANTA GA 30339-8426 US</b>	
2. Principal Place of Business <b>600 Galleria Pkwy Suite 100 Atlanta GA</b>		3. Mailing Address <b>600 Galleria Pkwy Suite 100 Atlanta GA</b>	
City & State <b>Atlanta GA</b>	City & State <b>Atlanta GA</b>	4. FEI Number <b>58-1917267</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>30339</b>	Country <b>USA</b>	Zip <b>30339</b>	Country <b>USA</b>

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC COOK, JOHN M 2300 WINDY RIDGE PKWY STE 900 N ATLANTA GA 30339</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600 Galleria Pkwy, Suite 100 Atlanta, GA 30339</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCAS TOMA, JOHN M 2300 WINDY RIDGE PKWY STE 900 N ATLANTA GA 30339</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600 Galleria Pkwy, Suite 100 Atlanta, GA 30339</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT HENRY, MARK 2300 WINDY RIDGE PKWY STE 900 N ATLANTA GA 30339</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600 Galleria Pkwy, Suite 100 Atlanta, GA 30339</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CARLINO, ROBERT V 2300 WINDY RIDGE PKWY STE 900 N ATLANTA GA 30339</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO COOK, JOHN M 2300 WINDY RIDGE PKWY STE 900 N ATLANTA GA 30339</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CB SCHULTZ, HOWARD 2300 WINDY RIDGE PKWY STE 900 N ATLANTA GA 30339</b> <input checked="" type="checkbox"/> Delete	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: SIGNATURE REQUIRED **4/14/03** **770-779-3355**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)