

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40203

Entity Name: ATG I, INC.

FILED  
Apr 11, 2006  
Secretary of State

## Current Principal Place of Business:

7277 164TH AVE NE  
REDMOND, WA 98052 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 97061  
REDMOND, WA 980731961 US

## New Mailing Address:

FEI Number: 91-1499089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SIGMAN, STANLEY  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

Title: SEC ( ) Delete  
Name: TACKER, CAROL  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

Title: AS ( ) Delete  
Name: SUZANNE, LIFFRING  
Address: 7277 164TH AVE NE  
City-St-Zip: REDMOND, WA 98052

Title: COO ( ) Delete  
Name: DE LA VEGA, RALPH  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

Title: TREA ( ) Delete  
Name: FOLEY, SEAN  
Address: 5565 GLENRIDGE CONNECTOR  
City-St-Zip: ATLANTA, GA 30342

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE LIFFRING

AS

04/11/2006

Electronic Signature of Signing Officer or Director

Date