

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033839

1. Entity Name
CONNERTY INTERNATIONAL, INC.

Principal Place of Business
3355 LENOX RD
SUITE 600
ATLANTA GA 30326

Mailing Address
3355 LENOX RD
SUITE 600
ATLANTA GA 30326

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME CONNERTY, HUGH H JR.
STREET ADDRESS 3355 LENOX RD STE 600
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE T
NAME WALTHER, GREG L
STREET ADDRESS 3355 LENOX RD SUITE 600
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE V
NAME MOSS, BURLEY L
STREET ADDRESS 3355 LENOX RD SUITE 600
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE S
NAME EVERTS, DONALD
STREET ADDRESS 3355 LENOX RD SUITE 600
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90012 009 ***550.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

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