

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90054 007 ***158.75

0016515 AB

DOCUMENT # P96000076613

1. Entity Name

MICROTECHNIX INTERNATIONAL, INC.

Principal Place of Business

127 PEACHTREE STREET
 SUITE 503
 ATLANTA GA 30303

Mailing Address

127 PEACHTREE STREET
 SUITE 503
 ATLANTA GA 30303

2. Principal Place of Business

1514 E. Cleveland Ave.
 Suite, Apt. #, etc.
 Ste. 120
 City & State
 East Point, GA
 Zip
 30344
 Country
 U.S.

3. Mailing Address

1514 E. Cleveland Ave.
 Suite, Apt. #, etc.
 Suite 120
 City & State
 East Point, GA
 Zip
 30344
 Country
 U.S.

80065498



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3402621

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 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

SAME AS IN # 6

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

CT CORPORATION SYSTEM

4/1/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	VPD	<input type="checkbox"/> Delete
NAME	PETTIGREW, THOMAS M	
STREET ADDRESS	1976 DELOWE DRIVE	
CITY-ST-ZIP	ATLANTA GA 30311	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, KAREN M	
STREET ADDRESS	1687 S GORDON STREET	
CITY-ST-ZIP	ATLANTA GA 30310	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT E	
STREET ADDRESS	1687 S GORDAN STREET	
CITY-ST-ZIP	ATLANTA GA 30310	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT E	
STREET ADDRESS	1687 S GORDAN STREET	
CITY-ST-ZIP	ATLANTA GA 30310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pettigrew, Thomas M.	
STREET ADDRESS	1976 Delowe Dr.	
CITY-ST-ZIP	Atlanta, GA 30311	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Karen M	
STREET ADDRESS	5005 Leeshire Trail	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Robert E	
STREET ADDRESS	5005 Leeshire Trail	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Robert E	
STREET ADDRESS	5005 Leeshire Trail	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Karen M. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

404 688-8324 x20

Daytime Phone #

CR2E034 (9/01)