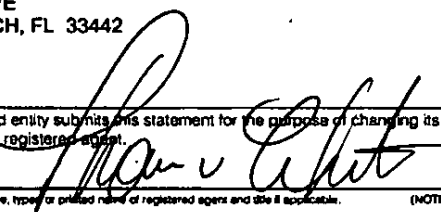
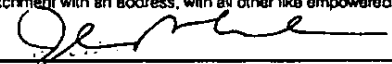


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

01-12-2005 90014 030 ***300.00

DOCUMENT # P98000004680 1. Entity Name BAY DISTRIBUTORS, INC.					
Principal Place of Business ONE NATIONAL DRIVE, SW ATLANTA, GA 30336			Mailing Address PO BOX 44127 ATLANTA, GA 30336		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 58-0516238				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONCHICK, NORMAN 441 W 12TH AVE DEERFIELD BCH, FL 33442			7. Name and Address of New Registered Agent Name TOM WHITE Street Address (P.O. Box Number is Not Acceptable) 441 W 12TH AVE City DEERFIELD BEACH FL Zip Code 33442		
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:  DATE: 2/3/05 Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD DAVIS, JAY M ONE NATIONAL DR ATLANTA, GA 30336		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD CARLOS, JOHN A ONE NATIONAL DR. ATLANTA, GA 30336		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD ROSENBERG, HERBERT J ONE EATIONAL DR. ATLANTA, GA 30336		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		☐ Delete		
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:  DATE: 1/5/05 DAYTIME PHONE: 404-696-9440 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

66001525



01052005 Chg-P CR2E034 (10/03)