## 2005 FOR PROFIT CORPORATION

## May 02, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P99000076884** 05-02-2005 90515 044 \*\*\*150.00 BKRY OF GEORGIA, INC. Principal Place of Business Mailing Address 1200 SOUTH PINE ISLAND ROAD NAVIGANT CONSULTING 50045257 TWO NORTH CHARLES STREET, SUITE 400 PLANTATION, FL 33324 BALTIMORE, MD 21201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Penta Advisory Services, LLC 04272005 Cha-P CR2E034 (10/03) Two North Charles Street Applied For Suite 400 City & State 4. FEI Number Baltimore, Maryland 21201 65-0943507 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign sture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. $\Box$ Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CROD TITLE Delete TITLE 🔼 Change Addition CRO, Director GOLDSTEIN, CHARLES R NAME NAME Charles R. Goldstein NAVIGANT CONSULT.-2 N. CHARLES ST, STE 400 STREET ADDRESS STREET ADDRESS Penta Advisory Services, LLC CITY-ST-ZIP DURHAM, NC 27705 CITY-ST-ZIP Two North Charles Street-Suite 400 Baltimore, Maryland 21201 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

TIFLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTE

James C. Holman, Attorney/Authorized Rep. April 28, 2005 410-347-8790

☐ Change

☐ Addition

FILED