

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 08:00 AM
Secretary of State

DOCUMENT # F97000005499

1. Entity Name
 HAINES, GIPSON & ASSOCIATES, INC.

Principal Place of Business 4500 HUGH HOWELL ROAD SUITE 500 TUCKER 30084 US	GA	Mailing Address 4500 HUGH HOWELL ROAD SUITE 500 TUCKER 30084 US	GA
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-1109557	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL
 323012525 US

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 _____ DATE **07/24/2000**
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND JEFFREY B	NAME	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL KRIS M	NAME	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL DANIEL D	NAME	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS R CLAY	NAME	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIPSON RANDALL W	NAME	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	CITY-ST-ZIP	
TITLE	PTCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES THOMAS G	NAME	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	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: Thomas G. Haines, P.E. Date: 07/24/2000