

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34626

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: TRIAD ADVISORS, INC.

**Current Principal Place of Business:**

3500 PARKWAY LANE  
SUITE 220  
NORCROSS, GA 30092 US

**New Principal Place of Business:**

**Current Mailing Address:**

3500 PARKWAY LANE  
SUITE 220  
NORCROSS, GA 30092 US

**New Mailing Address:**

FEI Number: 65-0173164      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUDERMAN, ROBERT  
5905 S. CONGRESS AVE.  
ATLANTIS, FL 33462 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: HIXON, BARRY C.  
Address: 789 S. FEDERAL HWY  
City-St-Zip: STUART, FL

Title: P ( ) Delete  
Name: METTELMAN, MARK  
Address: 3500 PARKWAY LANE STE 320  
City-St-Zip: NORCROSS, GA 30092

Title: ST ( ) Delete  
Name: BRUDERMAN, ROBERT  
Address: 5905 S. CONGRESS AVE.  
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete  
Name: SMITH, CRAIG  
Address: 3029 GAVIN PLACE  
City-St-Zip: DULUTH, GA 30096

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BRUDERMAN

ST

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date