

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90171 001 ***300.00

DOCUMENT # L34626

1. Entity Name

TRIAD ADVISORS, INC.

Principal Place of Business

Mailing Address

**3500 PARKWAY LANE
 SUITE 220
 NORCROSS GA 30092
 US**

**3500 PARKWAY LANE
 SUITE 220
 NORCROSS GA 30092-2832
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0173164**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUDERMAN, ROBERT
 551 NW 77TH ST
 SUITE 100
 BOCA RATON FL 33487**

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: *[Signature]*

Signature typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

3/1/00
 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** Delete
 NAME: **HIXON, BARRY C.**
 STREET ADDRESS: **789 S. FEDERAL HWY**
 CITY-ST-ZIP: **STUART FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **P** Delete
 NAME: **METTELMAN, MARK**
 STREET ADDRESS: **3500 PARKWAY LANE STE 320**
 CITY-ST-ZIP: **NORCROSS GA 30092**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **ST** Delete
 NAME: **BRUDERMAN, ROBERT**
 STREET ADDRESS: **551 NW 77TH ST, STE 100**
 CITY-ST-ZIP: **BOCA RATON FL 33487**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **SMITH, CRAIG**
 STREET ADDRESS: **3029 GAVIN PLACE**
 CITY-ST-ZIP: **DULUTH GA 30096**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00
 Date

261-241-7441
 Daytime Phone #

CR2F034 (9/99)