

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0001490 AV

03-13-2002 90115 028 ***150.00

DOCUMENT # P14085

1. Entity Name
NAMASCO CORPORATION

Principal Place of Business P.O. BOX 5116 TAMPA FL 33675-5116	Mailing Address 5775 GLENRIDGE DRIVE BLDG C SUITE 110 ATLANTA GA 30328 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 500 Colonial Center Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 500
City & State	City & State Roswell, GA
Zip	Country
30076	US

4. FEI Number 38-0246626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOEDEKER, JAMES
907 S 20TH STREET
TAMPA FL 33605

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MUESERS, RAIMUND 5775 GLENRIDGE DRIVE BLDG C SUITE 110 ATLANTA GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BUDENBENDER, GEORG 5775 GLENRIDGE DRIVE BLDG C STE 110 ATLANTA GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KOEGLER, HERMANN 5775 GLENRIDGE DRIVE BLDG C STE 110 ATLANTA GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete STRASSBURGER, ROLAND 5775 GLENRIDGE DRIVE BLDG C SUITE 110 ATLANTA GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS <input type="checkbox"/> Delete JOHNSON, KIRK A 5775 GLENRIDGE DRIVE BLDG C SUITE 110 ATLANTA GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete OBRIEN, BERNARD C 5775 GLENRIDGE DRIVE BLDG C SUITE 110 ATLANTA GA 30328

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nasser Alaghband 500 Colonial Center Parkway, Suite 500 Roswell, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gordon Gosnell 500 Colonial Center Parkway, Suite 500 Roswell, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500 Colonial Center Parkway, Suite 500 Roswell, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 Colonial Center Parkway, Suite 500 Roswell, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 Colonial Center Parkway, Suite 500 Roswell, GA 30076

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: _____ **2/25/02** **678 259 8814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)