



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 106380		2. Name of Corporation CULPEPPER, MCAULIFFE AND MEADERS, INC.			
3. Street Address Principal Business Office 3300 Northeast Expressway, Bldg #6		City Atlanta	State GA	Zip 30341	
4. Business Phone No. 770-676-7600		5. State of Incorporation GEORGIA		6. SIC Code 7682	
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURE AND INTERIOR DESIGN.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert P. Smith			Vice President Name James F. Culpepper		
Street Address 3300 Northeast Expressway, Bldg 6			Street Address same as # 3		
City Atlanta	State GA	Zip 30341	City	State	Zip
Secretary Name James R. McAuliffe			Treasurer Name		
Street Address same as # 3			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert P. Smith			Director Name James F. Culpepper		
Street Address same as # 3			Street Address same as # 3		
City	State	Zip	City	State	Zip
Director Name James R. McAuliffe			Director Name Robert E. Meaders		
Street Address same as # 3			Street Address same as # 3		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM	\$1.00 PAR VALUE		1500	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*106380\*

File Date FILED  
Check No. MAR 3 2005 008878  
By: LCB  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained hereon are true and correct.

Robert P. Smith  
Signature of Officer  
ROBERT P. SMITH  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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1. Corporate ID No. 106380		2. Name of Corporation CULPEPPER, MCAULIFFE AND MEADERS, INC.			
3. Street Address Principal Business Office 3300 Northeast Expressway Bldg #6			City Atlanta	State GEORGIA	Zip 30341
4. Business Phone No (770) 676-7600		5. State of Incorporation GEORGIA		6. SIC Code 7682	
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURE AND INTERIOR DESIGN.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert P. Smith			Vice President Name JAMES F. CULPEPPER		
Street Address SAME AS #3			Street Address same as #3		
City	State	Zip	City	State	Zip
Secretary Name Robert E. Meaders			Treasurer Name Rance K. Wenzel		
Street Address same as #3			Street Address same as #3		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES R. MCAULIFFE			Director Name		
Street Address same as #3			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM \$1.00 PAR VALUE			1800	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 6 3 8 0 \*

File Date 2.27.04  
Check No. 7776  
By: UP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Rance K. Wenzel Date 2/23/2004  
Print or Type Name of Officer RANCE K WENZEL  
Title of Officer TREASURER



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **106380** 2. Name of Corporation **CULPEPPER, MCAULIFFE AND MEADERS, INC.**  
3. Street Address Principal Business Office **3300 Northeast Expressway, Bldg #6** City **Atlanta** State **GEORGIA** Zip **30341**  
4. Business Phone No. **(770) 676-7600** 5. State of Incorporation **GEORGIA** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**ARCHITECTURAL / INTERIOR DESIGN SERVICES**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>ROBERT P. SMITH</b>	Vice President Name <b>JAMES F. CULPEPPER</b>
Street Address <b>USE BUSINESS ADDRESS IN SECTION 3</b>	Street Address <b>USE BUSINESS ADDRESS IN SECTION 3</b>
City State Zip	City State Zip

Secretary Name <b>ROBERT E. MEADERS</b>	Treasurer Name <b>RANEE K. WENZEL</b>
Street Address <b>USE BUSINESS ADDRESS IN SECTION 3</b>	Street Address <b>USE BUSINESS ADDRESS IN SECTION 3</b>
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>JAMES R. MCAULIFFE</b>	Director Name
Street Address <b>USE BUSINESS ADDRESS IN SECTION 3</b>	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>100,000 COMM</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>1800</b>	<b>COMMON</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 02-28-03  
Check No.: 6763  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2.24.2003  
Signature of Officer Date  
**RANEE K WENZEL**  
Print or Type Name of Officer

TREASURER  
Title of Officer  
Form 630 12/02



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106380** 2. Name of Corporation **CULPEPPER, MCAULIFFE AND MEADERS, INC.**

3. Street Address Principal Business Office  
**3300 Northeast Expressway, Building 6** City **Atlanta** State **Georgia** Zip **30341**  
4. Business Phone No. **770-676-7600** 5. State of Incorporation **GEORGIA** SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Architectural/Interior Design Services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Robert P. Smith</b>	Vice President Name <b>James F. Culpepper</b>
Street Address <b>3300 Northeast Expressway, Building 6</b>	Street Address <b>3300 Northeast Expressway, Building 6</b>
City <b>Atlanta</b> State <b>Georgia</b> Zip <b>30341</b>	City <b>Atlanta</b> State <b>Georgia</b> Zip <b>30341</b>
Secretary Name <b>Robert E. Meaders</b>	Treasurer Name <b>Ranee K. Wenzel</b>
Street Address <b>3300 Northeast Expressway, Building 6</b>	Street Address <b>3300 Northeast Expressway, Building 6</b>
City <b>Atlanta</b> State <b>Georgia</b> Zip <b>30341</b>	City <b>Atlanta</b> State <b>Georgia</b> Zip <b>30341</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>James R. McAuliffe</b>	Director Name
Street Address <b>3300 Northeast Expressway, Building 6</b>	Street Address
City <b>Atlanta</b> State <b>Georgia</b> Zip <b>30341</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100,000 COMM \$1.00 PAR**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,800 common \$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 6 3 8 0 \*

File Date 2/27  
Check No. 19024  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/23/2001  
Signature of Officer Date  
**RANEE K. WENZEL**  
Print or Type Name of Officer  
TREASURER  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106380** 2. Name of Corporation **CULPEPPER, MCAULIFFE AND MEADERS, INC.**  
3. Street Address Principal Business Office **3300 Northeast Expressway, Building 6** City **Atlanta** State **GA** Zip **30341**  
4. Business Phone No. **770-676-7600** 5. State of Incorporation **GEORGIA** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Architectural and Interior Design Services**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
President Name **James F. Culpepper** Vice President Name (Chairman) **James R. McAuliffe**  
Street Address **3300 Northeast Expressway, Building 6** Street Address **3300 Northeast Expressway, Building 6**  
City **Atlanta** State **GA** Zip **30341** City **Atlanta** State **GA** Zip **30341**  
Secretary Name **Robert E. Meaders** Treasurer Name **Ranee K. Wenzel**  
Street Address **3300 Northeast Expressway, Building 6** Street Address **3300 Northeast Expressway, Building 6**  
City **Atlanta** State **GA** Zip **30341** City **Atlanta** State **GA** Zip **30341**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100,000 COMM \$1.00 PAR**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,350 Common \$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 6 3 8 0 \*

File Date: 2/28/00  
Check No.: 017882  
By: RD

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: [Handwritten Signature] Date: 2/23/2000  
Name: James F. Culpepper  
Title: President