

120684

ORIGINAL
CK 11055
\$100.00

MC

1. Name of company or name of individual (not fictitious name or d/b/a):
CI2, Inc.

2. Name under which applicant will do business (fictitious name, etc.):

3. Official mailing address:
Street: 200 Galleria Parkway, Suite 1200
P.O. Box: _____
City: Atlanta
State: GA Zip: 30339

DEPOSIT DATE
D23 1 0 JUL 12 2002

4. Florida address:
Street: _____
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: F99000001551

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC I
- OTH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc