

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **829556 (0)**

1. Corporation Name
HSI MANAGEMENT INC.



Principal Place of Business: **5505 INTERSTATE NO PKWY NW ATLANTA GA 30328**
Mailing Address: **5505 INTERSTATE NO PKWY NW ATLANTA GA 30328**

3. Date Incorporated or Qualified: **02/20/1973**
3a. Date of Last Report: **09/22/1995**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

4. FEI Number: **58-1119868**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: RYAN, SHIRLEY C		1.2 NAME:	
STREET ADDRESS: 5505 INTERST N PKWY NW		1.3 STREET ADDRESS:	
CITY-ST-ZIP: ATLANTA, GEORGIA 30328		1.4 CITY-ST-ZIP:	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: SAUERS, JOHN L		2.2 NAME:	
STREET ADDRESS: 5505 INTERST N PKWY NW		2.3 STREET ADDRESS:	
CITY-ST-ZIP: ATLANTA, GEORGIA 30328		2.4 CITY-ST-ZIP:	
TITLE: CD	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HAMMER, JACK T		3.2 NAME:	
STREET ADDRESS: 5505 INTERST N PKWY NW		3.3 STREET ADDRESS:	
CITY-ST-ZIP: ATLANTA, GEORGIA 30328		3.4 CITY-ST-ZIP:	
TITLE: S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: KENNEDY, PHILIP J		4.2 NAME:	
STREET ADDRESS: 5505 INTERST N PKWY NW		4.3 STREET ADDRESS:	
CITY-ST-ZIP: ATLANTA, GEORGIA 30328		4.4 CITY-ST-ZIP:	
TITLE: SECRETARY	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DOUGLAS C TRIVERS		5.2 NAME:	
STREET ADDRESS: 5505 INTERSTATE NORTH PARKWAY		5.3 STREET ADDRESS:	
CITY-ST-ZIP: ATLANTA GA 30328		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/6/96** **770 9522233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DOUGLAS C TRIVERS**
Date: Day/Month/Year

CR2E034 (12/95)