

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841453 (4)**

1. Corporation Name  
**ROSSER INTERNATIONAL, INC.**



Principal Place of Business <b>524 WEST PEACHTREE STREET                  ATLANTA GA 30308</b>	Mailing Address <b>P.O. BOX 54680                  ATLANTIC GA 30308-0680</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/15/1978</b>	3a. Date of Last Report <b>07/16/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>58-0907845</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83. City		
		84. City	<b>FL</b>	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSER, PAUL C</b>	1.2 NAME	
STREET ADDRESS	<b>64 WEST BROOKHAVEN DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30319</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	2.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIDSON, EDWARD W JR.</b>	2.2 NAME	
STREET ADDRESS	<b>3579 MIDVALE FOREST CT.</b>	2.3 STREET ADDRESS	<b>2022 DEAD OAK ROAD</b>
CITY-ST-ZIP	<b>TUCKER GA 30084</b>	2.4 CITY-ST-ZIP	<b>SEN01A, GA 30276</b>
TITLE	<b>DV</b>	3.1 TITLE	<b>DEVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWE, THOMAS M III</b>	3.2 NAME	
STREET ADDRESS	<b>2755 NORTH HILLS DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30305</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DSVP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEAGUE, HENRY H</b>	4.2 NAME	
STREET ADDRESS	<b>3935 NORTH IVY RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30342</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	5.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, NOAH H</b>	5.2 NAME	
STREET ADDRESS	<b>7476 WILDERCLIFF DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30328</b>	5.4 CITY-ST-ZIP	<b>ATLANTA, GA 30328</b>
TITLE	<b>DVS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFIN, WILLIAM S</b>	6.2 NAME	
STREET ADDRESS	<b>3051 MOUNTAIN TRACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSWELL GA 30075</b>	6.4 CITY-ST-ZIP	

14. I do 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 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: *Edward W. Davidson Jr* 4/29/97 4/29/97-3811

CR2E034 (9/96)