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95 APR 18 PM 9:27

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 851572 (8)

1. Corporation Name
HANSCOMB ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**435 NORTH LA SALLE STREET
CHICAGO IL 60610** **1175 PEACHTREE ST NE
STE 1650
ATLANTA GA 30309
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **01/12/1982** 3a. Date of Last Report **05/01/1994**

4. FET Number **36-2936187** Applied For Not Applicable

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

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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **1175 PEACHTREE STREET NE**
22 City & State **27** **STE 1650**
23 City & State **28** **ATLANTA, GA**
24 Zip **25** Country **29** **30309** **30** **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANCELOT, TONY R
2500 MAITLAND CTR PKWY
STE 311
MAITLAND FL 32751**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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 *Tony R Lancelot* **TONY R LANCELOT EXECUTIVE VP.** **April 3, 95.**

NOTE: Registered Agent signature required when recasting. DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|---|
| TITLE | PD | 11 TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORRIS, MICHAEL R. | 12 NAME | |
| STREET ADDRESS | 1800 DUKE ST., #600 | 13 STREET ADDRESS | |
| CITY - ST - ZIP | ALEXANDRIA VA | 14 CITY - ST - ZIP | |
| TITLE | SD | 21 TITLE | SDV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALLANCE, ANTHONY P. | 22 NAME | |
| STREET ADDRESS | 750 BATTERY ST. | 23 STREET ADDRESS | |
| CITY - ST - ZIP | SAN FRANCISCO CA | 24 CITY - ST - ZIP | |
| TITLE | DVT | 31 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWEN, BRIAN | 32 NAME | |
| STREET ADDRESS | 1175 PEACHTREE ST NE | 33 STREET ADDRESS | |
| CITY - ST - ZIP | ATLANTA GA | 34 CITY - ST - ZIP | |
| TITLE | DV | 41 TITLE | DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANCELOT, TONY R. | 42 NAME | |
| STREET ADDRESS | 2500 MAITLAND CTR PKWY | 43 STREET ADDRESS | |
| CITY - ST - ZIP | MAITLAND FL | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 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 110.07(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: *Tony R Lancelot* **TONY R LANCELOT EXECUTIVE VP.** **April 3, 95.**