

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 851572 (8)**

1. Corporation Name  
**HANSCOMB ASSOCIATES, INC.**



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

3. Date Incorporated or Qualified: **01/12/1982**      3a. Date of Last Report: **04/18/1995**  
4. FEI 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 1175 Peachtree St NE**      2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22 Suite 1650**      Suite, Apt. #, etc.: **27**  
City & State: **23 Atlanta GA**      City & State: **28**  
Zip: **24 30309**      Country: **25 U.S.A.**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent: **LANCELOT, TONY R 2500 MAITLAND CTR PKWY STE 311 MAITLAND FL 32751**  
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 607.1508, 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 removing) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>CD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>MORRIS, MICHAEL R.</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>1600 DUKE ST., #600</b>	CITY-ST-ZIP: <b>ALEXANDRIA VA</b>	1.2 NAME:	
TITLE: <b>SDV</b> <input type="checkbox"/> DELETE	NAME: <b>VALLANCE, ANTHONY P.</b>	1.3 STREET ADDRESS:	
STREET ADDRESS: <b>750 BATTERY ST.</b>	CITY-ST-ZIP: <b>SAN FRANCISCO CA</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>PD</b> <input type="checkbox"/> DELETE	NAME: <b>BOWEN, BRIAN</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>1175 PEACHTREE ST NE</b>	CITY-ST-ZIP: <b>ATLANTA GA</b>	2.2 NAME:	
TITLE: <b>DVT</b> <input type="checkbox"/> DELETE	NAME: <b>LANCELOT, TONY R.</b>	2.3 STREET ADDRESS:	
STREET ADDRESS: <b>2500 MAITLAND CTR PKWY</b>	CITY-ST-ZIP: <b>MAITLAND FL</b>	2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	<b>DV</b>
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	<b>Wade, Phil</b>
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	<b>2067 Massachusetts Avenue</b>
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Cambridge, MA 02140</b>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
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: *Tony R. Lancelot*      Tony R. Lancelot      February 26 1996      401875 0167.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (12/95)