

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

FILED

May 12 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 # 851572 (8)**

1. Corporation Name  
**HANSCOMB INC.**



Principal Place of Business <b>1175 PEACHTREE ST NE SUITE 1650 ATLANTA GA 30309 US</b>	Mailing Address <b>1175 PEACHTREE ST NE STGE 1650 ATLANTA GA 30309-3432 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 State Apt # etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>01/12/1982</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>36-2936187</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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: *Tony R Lancelot* **TONY R LANCELOT EX VP** DATE: **JANUARY 10, 1997**

Signature of individual named name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, MICHAEL R.	
STREET ADDRESS	1600 DUKE ST. #600	
CITY- ST- ZIP	ALEXANDRIA VA	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	VALLANCE, ANTHONY P.	
STREET ADDRESS	750 BATTERY ST.	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOWEN, BRIAN	
STREET ADDRESS	1175 PEACHTREE ST NE	
CITY- ST- ZIP	ATLANTA GA	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	LANCELOT, TONY R.	
STREET ADDRESS	2500 MAITLAND CTR PKWY	
CITY- ST- ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WADE, PHIL	
STREET ADDRESS	2067 MASSACHUSETTS AVE	
CITY- ST- ZIP	CAMBRIDGE MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Tony R Lancelot* **TONY R. LANCELOT** DATE: **JANUARY 10, 1997** DAYTIME PHONE #: **407 875 0707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)