

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90138 021 ***158.75

DOCUMENT # 851572

1. Entity Name
HANSCOMB INC.

Principal Place of Business

**1175 PEACHTREE ST NE
 SUITE 1650
 ATLANTA GA 30309
 US**

Mailing Address

**1175 PEACHTREE ST NE
 STGE 1650
 ATLANTA GA 30309
 US**

359081



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 Maitland Ctr PKWY

Suite, Apt. #, etc.

Suite 311

City & State

Maitland, FL

Zip

32751

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-2936187

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **SDV** Delete
 NAME **VALLANCE, ANTHONY P.**
 STREET ADDRESS **655 MONTGOMERY ST SUITE 1710**
 CITY-ST-ZIP **SAN FRANCISCO CA 94111**

TITLE **DPV** Delete
 NAME **LANCELOT, TONY R.**
 STREET ADDRESS **2500 MAITLAND CTR PKWY**
 CITY-ST-ZIP **MAITLAND FL**

TITLE **DVT** Delete
 NAME **WADE, PHIL**
 STREET ADDRESS **222 SOUTH RIVERSIDE PLAZA**
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **V** Delete
 NAME **MILLS, WESLEY E JR**
 STREET ADDRESS **1175 PEACHTREE ST NE**
 CITY-ST-ZIP **ATLANTA GA**

TITLE **DV** Delete
 NAME **BROTHERS, ROBERT W**
 STREET ADDRESS **1175 PEACHTREE ST SUITE 1650**
 CITY-ST-ZIP **ATLANTA GA 30309**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
 Date

404/874-3638
 Daytime Phone #

CR2E034 (9/01)