

2-10-98 B 1811 C
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Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F02576 (9) 714
 1. Corporation Name **SAVILL/SANDERLIN HOLDING COMPANY, INC.**
JAN 20 1998 2101



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **FDIC-1201 W. PEACHTREE STREET N.E. SUITE 1800 ATLANTA GA 30309**
 Mailing Address: **FDIC-1201 W. PEACHTREE STREET N.E. SUITE 1800 ATLANTA GA 30309**

3. Date Incorporated or Qualified: **10/10/1980**
 4. FEI Number: **59-2030433**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **1910 Pacific Ave Suite 16076 Dallas, Tx 75201 USA**
 2a. Mailing Address: **1910 Pacific Ave Suite 16076 Dallas, Tx 75201 USA**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: **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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, SCOTT W	
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	RAY, PATRICIA J	
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P	
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ROSSETTI, JOHN P	
STREET ADDRESS	1201 W. PEACHTREE STREET N.E., SUITE 1800	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fisher, John H	
1.3 STREET ADDRESS	1910 Pacific Ave, Suite 16076	
1.4 CITY-ST-ZIP	Dallas, Tx 75201	
2.1 TITLE	DVA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas, III, William J	
2.3 STREET ADDRESS	1910 Pacific Ave, Suite 16076	
2.4 CITY-ST-ZIP	Dallas, Tx 75201	
3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Schug, John S	
3.3 STREET ADDRESS	1910 Pacific Ave, Suite 16076	
3.4 CITY-ST-ZIP	Dallas, Tx 75201	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bell, Daniel M	
4.3 STREET ADDRESS	1910 Pacific Ave, Suite 16076	
4.4 CITY-ST-ZIP	Dallas, Tx 75201	
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 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: _____ 1-27-98 922-2110045

CR2E034 1/09/97