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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		DIVISION C	F CORPOR	ATIONS					
1. Corporation	IMENT # on Name ESS FINANCIAL (001470 (3)						
Principal Plac	e of Business		Mailing Address				T HABILAGE (NIO HÀNIS BIBIL ÀN	IN OBAH BOKA	BOUGHOUIDE HOUSE	8 /1
1100 ABERNATHY RD 1100 ABERNATHY RI BUILDING 500 SUITE 1200 BUILDING 500 SUITE ATLANTA GA 30328 ATLANTA GA 30328							3. Date Incorporated or Qualified 3a. Date of Last Report			
US			US				03/23/1994	11801 3.a .	Date of Last F 03/28/19	
	Place of Business	-	2a. Mailing Address	-			4. FEI Number	t		Applied For
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				41-1768416			Not Applicable
22	.,		7				5. Certificate of Status Desire	d 🔲		5 Additional Required
City & Stat	te		City & State				6. Election Campaign Financi	na		May Be
23			8				Trust Fund Contribution	<u> </u>	Adde	d to Fees
Zip 24	Count 25	´ -	Zip	Cour	ntry		8. This corporation has liabilit			199.032,
	9. Name and Addr		9 gistered Agent	<u>[</u> 30]			Florida Statutes 10. Name and Address of N	Yes N		
			<u> </u>		81 Name		10. Hame and Abbiess of 14	on negrate	neu Agent	
C T CORPORATION SYSTEM						at Address	IP O Box Number is Not Asse	ntable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					000	et Address (P.O. Box Number is Not Acceptable)				
					83					
				f	84 City				85 Zij	p Code
11. Pursuant	to the provisions of Sec	tions 607 0502 and	607 1509 Florida Status	ton the size						
	red agent, or both, in the ith, and accept the oblig				re-named or propration	corporations of the corporation	n submits this statement for the f directors. I hereby accept the	e purpose o appointme	of changing its r nt as registered	registered office
SIGNATURE	mi, and accept the oblig	alions of, section o	27.0505, rionga Statute	\$.						
	Signature, typed or printed name			OTE: Registered A	lgent signature	e required wh	en reinstatingi	Ď/	ATE.	
THILE		OFFICERS AND DIF		13.			ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	DRS IN 12
NAME	DUNCAN, KENN	IETU M	☐ DELETE	1. 1 TIT					Change	☐ Addition
STREET ADDRESS	6000 CLEARWA	TER DRIVE		1.2 NA)	_					
CITY-ST-ZIP	MINNETONKA M				EET ADDRESS Y-ST-ZIP	·				
TILE	P		DELETE	2 1 111		70			☐ Change	Addition
NAME	KING, DAVID C		• •	2 2 NAM	AE.	العدا	110 7 7 Anda			
STREET ADDRESS	1100 ABERNATHY RD BLDG 500 STE 1200			2.3 STR		1100	lie I. Youter Abernathy Rd	4	1205	, I
CITY-ST-ZIP	ATLANTA GA			2.4 CIT	r-ST-ZIP	<i>**</i>	mta, GAZZ	1224		1
TITLE	VAT	1	☐ DELETE	3 1 111				· -	Change	Addition
NAME STREET ADDRESS	BUSCH, GARY V 1100 ABERNATH		OTE 1000	3 2 NAM						
CITY-ST-ZIP	ATLANTA GA	טטפ באנום או וו	SIE 1200		EET ADDRESS	S				
TITLE	AS		DELETE	4. 1 TITI	-ST-ZIP .E	+		·	☐ Change	Addition
NAME	KURSCHNER, M	ARLEEN A		4.2 NAN		Bi	* * / \			Audition
STREET ADDRESS	15615 MCGINTY				EET ADDRESS	Br	mer 1) . Schil	<i>≓"</i>) √	·	
CITY-SI-ZIP	WAYZATA MN			4.4 CITY	'-ST-ZIP		12 Aper 14ct hy	1580	mise 1	30D
TITLE	VPT		X DELETE	5 1 Titt	Ē	12.	T	, 	Change	Addition
NAME STREET ADDRESS	MANNINO, ANTI-		OTF 4000	. 52 NAM		Her	other A McO	ucen		
CITY-ST-ZIP	1100 ABERNATH ATLANTA GA	IT RU BLUG 500	SIE 1200		ET ADDRESS	110	D Abernating		wtc 13	LOD
TITLE	D D		DELETÉ	5.4 City 6. 1 Titl	-ST-ZIP	17/1	JOHLY PH?	307	78	
NAME	JARRETT, GARY	w		6.2 NAM		1 7	11.64 6 2.9	_	K Change	☐ Addition
STREET ADDRESS	6000 CLEARWAT				E1 ADDRESS	1 2 2	strey A. Hillig	3055		
CITY-ST-ZIP	MINNETONKA M	N		6.4 CITY	- \$1 - 71P		•			Ì
I do hereb certify that	y certify that the information indicate	tion supplied with the	is filing is voluntarily furn	iched and de	on not ou	alify for th	e exemption stated in Section and that my signature shall have	19.07(3)(k)	Florida Statute	es. I further
							nd that my signature shall have	tne same k	egal effect as if	made under

SIGNATURE:

(440) 838-0040 Dayline Phone 1