


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

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**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90041 046 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000003126**

1. Corporation Name  
**CFN FINANCE, INC.**

Principal Place of Business 4450 RIVER GREEN PARKWAY, SUITE 100 DULUTH GA 30096	Mailing Address 4450 RIVER GREEN PARKWAY, SUITE 100 DULUTH GA 30096
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>06/02/1998</b>	4. FEI Number <b>52-2091687</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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	ELLIS, U B JR	
STREET ADDRESS	1888 EMERY STREET, 2ND FLOOR	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	SWITZER, JOSEPH F JR	
STREET ADDRESS	4450 RIVER GREEN PARKWAY, SUITE 100	
CITY-ST-ZIP	DULUTH GA 30096	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	PEDDY, USA	
STREET ADDRESS	4450 RIVER GREEN PARKWAY, SUITE 100	
CITY-ST-ZIP	DULUTH GA 30096	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SNOWBERGER, GARY L	
STREET ADDRESS	4450 RIVER GREEN PARKWAY, SUITE 100	
CITY-ST-ZIP	DULUTH GA 30096	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SANDRY, JAMES V	
STREET ADDRESS	1888 EMERY STREET, 2ND FLOOR	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALTENBACH, JAMES S	
STREET ADDRESS	3060 PEACHTREE RD., STE. 1100	
CITY-ST-ZIP	ATLANTA GA 30305	

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	PCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Raffaeli, C. Cathleen	
2.3 STREET ADDRESS	4450 River Green Parkway Suite 100	
2.4 CITY-ST-ZIP	<del>Duluth, GA 30096</del>	
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	TCFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Boylston, M. Wayne	
5.3 STREET ADDRESS	1888 Emery Street NW	
5.4 CITY-ST-ZIP	Atlanta, GA 30318	
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, with all other like empowered.

SIGNATURE: Sandra H. Cuttler Sandra H. Cuttler 02/17/99 770 291-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)