

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

**FILED**  
**Aug 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P03363 (9)**  
 1. Corporation Name  
**PIEDMONT NATIONAL CORPORATION**



Principal Place of Business <b>1561 SOUTHLAND CIRCLE ATLANTA GA 30318</b>	Mailing Address <b>1561 SOUTHLAND CIRCLE ATLANTA GA 30318-3630</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/12/1984</b>	3a. Date of Last Report <b>03/25/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>58-0707747</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				<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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLTER, DONALD L.</b>	1.2 NAME
STREET ADDRESS	<b>5147 VIVID DR.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>STONE MTN GA</b>	1.4 CITY-ST-ZIP
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARX, ALBERT</b>	2.2 NAME
STREET ADDRESS	<b>1786 RIDGE VALLEY CT NW</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINS, INGE M.</b>	3.2 NAME
STREET ADDRESS	<b>4300 SENTINEL POST RD NW</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARX, PAULA</b>	4.2 NAME
STREET ADDRESS	<b>3785 PEACHTREE RD #1515</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>ATLANTA GA</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

800002279238  
 -08/28/97--01008--021  
 \*\*\*385.00

700002279237  
 -08/28/97--01008--020  
 \*\*\*165.00

*[Signature]* PE 8-26

14. I do hereby certify that the information supplied with this filing does not include information indicated on this annual report or supplemental annual report. I am an officer or director of the corporation or the receiver or trustee of the corporation, and I am authorized 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 the address.

SIGNATURE: *Albert Marx* 6/25/97 404 351-1109

CR2E034 (9/96)