

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 7/2/96

B- 7194 C

DOCUMENT # P05071

(6)

1. Corporation Name

COVERDELL & COMPANY, INC.



Principal Place of Business

Mailing Address

2622 PIEDMONT RD. N.E.  
ATLANTA GA 30324

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ATLANTA GA 30324

3. Date Incorporated or Qualified  
02/20/1985

3a. Date of Last Report  
05/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
58-1604660

Applied For  
Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C  
NAME LEVISON, MIKE  
STREET ADDRESS 658 GREENVIEW AVE.  
CITY - ST - ZIP ATLANTA GA

11 TITLE Vice Chairman/CEO (D) X Change Addition

TITLE P  
NAME OWENS, MIKE  
STREET ADDRESS 24 WOODLAND TRAIL  
CITY - ST - ZIP NEWNAN GA

12 NAME 210 Landfall Drive  
13 STREET ADDRESS Atlanta, GA 30328  
14 CITY - ST - ZIP

TITLE TC  
NAME LONDON, LEE F.  
STREET ADDRESS 5994 BROOKSIDE TRAIL  
CITY - ST - ZIP MABLETON GA

21 TITLE P/D X Change Addition

TITLE S  
NAME SHAHANGIAN, DEBRA  
STREET ADDRESS 122 N. WOODLAND DR.  
CITY - ST - ZIP DORAVILLE GA

22 NAME 3788 Sidestreet  
23 STREET ADDRESS Atlanta, GA 30341  
24 CITY - ST - ZIP

TITLE S  
NAME LEVISON, JARVIN  
STREET ADDRESS 658 GREENVIEW AVE.  
CITY - ST - ZIP ATLANTA GA

31 TITLE Treasurer (T) X Change Addition

TITLE D  
NAME CARPER, ROBERT  
STREET ADDRESS 4000 VERMONT RD., N.E.  
CITY - ST - ZIP ATLANTA GA

32 NAME 2010 Shadow Bluff Court  
33 STREET ADDRESS Marietta, GA 30062  
34 CITY - ST - ZIP

41 TITLE Chairman (C/D) Change Addition

42 NAME Paul D. Coverdell  
43 STREET ADDRESS 2804 Andrews Drive, NW  
44 CITY - ST - ZIP Atlanta, GA 30305

51 TITLE S/D X Change Addition

52 NAME S. Jarvin Levison  
53 STREET ADDRESS 28 Mooregate Square, NW  
54 CITY - ST - ZIP Atlanta, GA 30327

61 TITLE Senior Vice President (VP) Change Addition

62 NAME Julie A. Kauffman  
63 STREET ADDRESS 25208 Plantation Drive  
64 CITY - ST - ZIP Atlanta, GA 30324

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)

P05071

2-2

Question #13 - Additions/Changes to Officers and Directors in 12

**ADDITIONS:**

7.1 Title	Director (D)
7.2 Name	Seixas Milner, Jr.
7.3 Street Address	3610 DeKalb Tech Parkway, Suite 104
7.4 City, State, Zip	Atlanta, GA 30340

8.1 Title	Director (D)
8.2 Name	William N. Sanders
8.3 Street Address	6 Chris Eliot Court
8.4 City, State, Zip	Hunt Valley, MD 21030