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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P13064** **(1)**

1. Corporation Name
CURTIS 1000 INC.

Principal Place of Business	Mailing Address
2100 RIVEREDGE PKWY., S-1100 **ATLANTA GA 30328**	**2100 RIVEREDGE PKWY., S-1100** **ATLANTA GA 30328-4674**

3. Date Incorporated or Qualified: **01/30/1987**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
Country — 30:

4. FEI Number: **41-0210040** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, R.G.		1.2 NAME		
STREET ADDRESS	9010 LAKE UNION HILL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CARMODY, T.R.		2.2 NAME	Smith, Richard G.	
STREET ADDRESS	3355 E. TERELL BRANCH CT		2.3 STREET ADDRESS	303 Chase Lane	
CITY-ST-ZIP	MARIETTA GA		2.4 CITY-ST-ZIP	Marietta, GA 30068	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	MCKINNEY, JOHN, B		3.2 NAME	Ford, Ron D.	
STREET ADDRESS	2106 BLAYLOCK DR		3.3 STREET ADDRESS	795 Hammond # 1612	
CITY-ST-ZIP	MARIETTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, DAWN M.		4.2 NAME		
STREET ADDRESS	395 BRINKLEY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	POWDER SPRINGS GA		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MICHEAL C. DENIKEN		5.2 NAME		
STREET ADDRESS	2741 PRINCETON LANE, NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT W. GUNDECK		6.2 NAME		
STREET ADDRESS	2660 WEST WESLEY ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: _____ Michael C. Deniken 770-953-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011937