FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **P33317** **(9)**

1. Corporation Name

COMPASS RETAIL, INC.

Principal Place of Business

5775 PEACHTREE DUNWOODY RD
SUITE 200-D
ATLANTA GA 30342

Mailing Address

5775 PEACHTREE DUNWOODY RD
SUITE 200-D
ATLANTA GA 30342

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

3. Date Incorporated or Qualified: 03/27/1991
3a. Date of Last Report: 03/31/1995
4. FEI Number: 58-1893213 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	BROWN, DOUGLAS L	
STREET ADDRESS	3414 PEACHTREE RD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PCD	☐ DELETE
NAME	STEPHENS, PHILLIP E	
STREET ADDRESS	5775 PEACHTREE-DUNWOODY RD, SUITE 200-D	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VTCD	☐ DELETE
NAME	GREENFIELD, GREGORY R	
STREET ADDRESS	5775 PEACHTREE-DUNWOODY RD, SUITE 200-D	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VC	☐ DELETE
NAME	BROWN, WILLIAM G JR	
STREET ADDRESS	5775 PEACHTREE-DUNWOODY RD, SUITE 200-D	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CFO	☐ DELETE
NAME	BROWN, WILLIAM G JR	
STREET ADDRESS	5775 PEACHTREE-DUNWOODY RD, SUITE 200-D	
CITY-ST-ZIP	ATLANTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, 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

3/28/96
Date Daytime Phone #