

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093014 (3)
 1. Corporation Name
100 NORTH RIVERSIDE, INC.

Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1997	
21		26		4. FEI Number 52-2065342	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TODD, DAVID E 1801 HERMITAGE BLVD, SUITE 600 TALLAHASSEE FL 32308				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W	1.2 NAME	Laler C. DeCosta
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	1.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORTON, JAMES W	2.2 NAME	Jay Raghavan
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	2.3 STREET ADDRESS	455 N. City Front Plaza Drive, Ste 3200
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JEFFREY L	3.2 NAME	Charles R. Beaver
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	3.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Luanne Good
STREET ADDRESS		4.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Claire D. Snedeker
STREET ADDRESS		5.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Evelyn Harrington
STREET ADDRESS		6.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Atlanta, GA 30326

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.

SIGNATURE: **Douglas W. Bennett, Director**  850-488-4406

CR2E034 (10/97)