CORPORATION
ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 245186 (2)

1. Corporation Name
W.M. SANDERLIN CORPORATION

Principal Place of Business	Mailing Address
245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GA 30303	245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GA 30303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1961
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-0917290 ☐ 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 SOUTH 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 100001452081
-04/10/95--01045--008
84 City ****208.75 FL ****208.75
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	SMARTT, ROBERT L	12 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	CORRIGAN, RICHARD	22 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, EDD	32 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☑ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

D/P
Richard Corrigan
245 Peachtree Center Ave. Ste. 1100
Atlanta, GA. 30303

D/VP/AS
Lamar V. Hallman
245 Peachtree Center Ave. Ste. 1100
Atlanta, GA. 30303

D/S
J. Michael Barganier
245 Peachtree Center Ave, Ste. 1100
Atlanta GA 30303

VP/AS (officer only)
Deborah Y. Chandler
245 Peachtree Center Ave. Ste. 1100
Atlanta, GA. 30303

VP/AS
C. Lloyd Hixson
245 Peachtree Center Ave.
Atlanta, GA. 30303

4-7-95 mst

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)(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: [signature] 4/4/95 904-280-6208
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard Corrigan, President

0003048 CP