

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 803467

1. Entity Name

ATLANTA INTERNATIONAL INSURANCE COMPANY

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90055 012 ***150.00

Principal Place of Business	Mailing Address
7230 MCGINNIS FERRY ROAD 300 SUWANEE GA 30024 US	7230 MCGINNIS FERRY ROAD SUITE 300 SUWANEE CA 30024-1283 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	13-2668999	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32303	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Michael J. Murphy* (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, THOMAS A	NAME	
STREET ADDRESS	485 RAMSDALE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBUS, PETER J	NAME	
STREET ADDRESS	JEFFERSON RIDGE 3355 MCDANIEL ROAD	STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA	CITY-ST-ZIP	
TITLE	VTSD <input type="checkbox"/> Delete	TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MICHAEL J.	NAME	167 Coopers Pond Drive
STREET ADDRESS	835 MARBROOK DR.	STREET ADDRESS	Lawrenceville, GA 30044
CITY-ST-ZIP	LAWRENCEVILLE GA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTRAM, JOHN	NAME	
STREET ADDRESS	4257 HIDDEN MEADOW	STREET ADDRESS	
CITY-ST-ZIP	SUGAR HILL GA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Murphy* April 10, 2000 770-813-6286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99