

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -3 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 823795 (0)

1. Corporation Name
ENTERPRISE FUND DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
**1200 ASHWOOD PARKWAY, SUITE 290
ATLANTA GA 30338**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/08/1969** 3a. Date of Last Report **04/06/1994**

12. Principal Place of Business 21. **3343 Peachtree Rd., N.E.**
22. Suite, Apt. #, etc. **Suite 450**
23. City & State **Atlanta, GA 30326-1022**
24. Zip 25. Country

4. FEI Number **22-1990598** Applied Fee 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 _____ DATE _____
Signature (type or printed name of registered agent and the filer) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, LEILANI S.	1.2 NAME	NO LONGER WITH COMPANY -- PLEASE DELETE.
STREET ADDRESS	1670 LITTLE WILLEO ROAD	1.3 STREET ADDRESS	
CITY, ST, ZIP	MARIETTA GA	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, LEILANI S.	2.2 NAME	NO LONGER WITH COMPANY -- PLEASE DELETE.
STREET ADDRESS	1670 LITTLE WILLEO ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	MARIETTA GA	2.4 CITY, ST, ZIP	
TITLE	TO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, LINDA	3.2 NAME	NO LONGER WITH COMPANY -- PLEASE DELETE.
STREET ADDRESS	1184 SALIBURY TRAIL	3.3 STREET ADDRESS	
CITY, ST, ZIP	RIVERDALE GA	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAN, CATHERINE R.	4.2 NAME	
STREET ADDRESS	244 SHERWOOD ROAD	4.3 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA	4.4 CITY, ST, ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UGOLYN, VICTOR	5.2 NAME	CHM/CEO
STREET ADDRESS	17 CARDINAL COURT	5.3 STREET ADDRESS	
CITY, ST, ZIP	RIDGEFIELD CT	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HERBERT M. WILLIAMSON
STREET ADDRESS		6.3 STREET ADDRESS	245 PEBBLE TRAIL
CITY, ST, ZIP		6.4 CITY, ST, ZIP	ALPHARETTA, GA 30201

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 110.07(2)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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: *Catherine R. McClellan* **CATHERINE R. MCCLELLAN** **3/27/95** **404-261-1116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR