

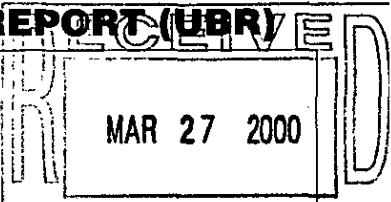
**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90148 010 \*\*\*150.00

**DOCUMENT # 823795**

1. Entity Name  
**ENTERPRISE FUND DISTRIBUTORS, INC.**



Principal Place of Business: PEACHTREE RD., N E, SUITE 450, ATLANTA GA 30326-1022  
 Mailing Address: 3343 PEACHTREE RD., N. E., SUITE 450, ATLANTA GA 30326-1022, US



DO NOT WRITE IN THIS SPACE

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

4. FEI Number: **22-1990598**  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (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)   
**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.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SDVP	<input type="checkbox"/> Delete
NAME	MCCLELLAN, CATHERINE R.	
STREET ADDRESS	<del>744 SHERWOOD ROAD</del>	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	UGOLYN, VICTOR	
STREET ADDRESS	17 CARDINAL COURT	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WILLIAMSON, HERBERT M.	
STREET ADDRESS	500 STONEBROOK FARMS DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHILT, JOHN A. JR	
STREET ADDRESS	2250 PINE WARBLER COURT	
CITY-ST-ZIP	MARIETTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SDSVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAN, CATHERINE R.	
STREET ADDRESS	1647 FRIAR TUCK ROAD	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Catherine R. McClellan* **Catherine R. McClellan** 04/13/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)