

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 824162 (2)
 1. Corporation Name
MOORE GROUP, INC.



Principal Place of Business 1300 PARKWOOD CIRCLE PO BOX 105091 ATLANTA GA 30348	Mailing Address 1300 PARKWOOD CIRCLE PO BOX 105091 ATLANTA GA 30348-5091
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3. Date Incorporated or Qualified 02/25/1970	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 58-1080659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARVEL, JERRY V 3507 FRONTAGE RD #300 TAMPA FL 33607	
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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 _____
 Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	KRAUSE, MICHAEL D.
STREET ADDRESS	1300 PARKWOOD CIR
CITY-ST-ZIP	ATLANTA GA
TITLE	AVT <input type="checkbox"/> DELETE
NAME	BROOKS, J. T
STREET ADDRESS	1300 PARKWOOD CIR
CITY-ST-ZIP	ATLANTA GA
TITLE	SDV <input type="checkbox"/> DELETE
NAME	NEFF, THOMAS S
STREET ADDRESS	1300 PARKWOOD CIR
CITY-ST-ZIP	ATLANTA GA
TITLE	DV <input type="checkbox"/> DELETE
NAME	MULLEN, JOHN W
STREET ADDRESS	1300 PARKWOOD CIR
CITY-ST-ZIP	ATLANTA GA
TITLE	V <input type="checkbox"/> DELETE
NAME	WASHBURN, MAURICE F
STREET ADDRESS	1300 PARKWOOD CIR
CITY-ST-ZIP	ATLANTA GA
TITLE	VSD <input type="checkbox"/> DELETE
NAME	HORRELL, KAREN H
STREET ADDRESS	1 E 4TH ST
CITY-ST-ZIP	CINCINNATI OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Executive Vice President & COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kusumi, Gary Y.
4.3 STREET ADDRESS	1300 Parkwood Circle
4.4 CITY-ST-ZIP	Atlanta, GA 30339
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:  **4-17-97** **770-951-5599**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)