

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

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**Apr 16 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 # 846713 (6)
 1. Corporation Name
PIEDMONT OLSEN HENSLEY, INC.



Principal Place of Business 420 EAST PARK AVENUE P.O. BOX 1717 GREENVILLE SC 29602	Mailing Address P.O. BOX 1717 P.O. BOX 1717 GREENVILLE SC 29602-1717 US
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3. Date Incorporated or Qualified 08/13/1980	3a. Date of Last Report 04/01/1996
4. FEI Number 57-0373224	Applied For 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Go Geraghty + Miller, Inc.
22. City & State	27. 1099 18th St, Ste. 2100
23. Zip	28. Denver, CO
24. Country	29. 80202
	30. USA

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	C/O
NAME	BOYETTE, JOHN V JR	1.2 NAME	Steven B. Blake
STREET ADDRESS	122 HILLSBOROUGH DR	1.3 STREET ADDRESS	1099 18th St., Ste. 2100
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	Denver, CO 80202
TITLE	SVS	2.1 TITLE	D
NAME	TUCKER, C. A	2.2 NAME	John J. Chouinard
STREET ADDRESS	4 HIDDEN HILLS COURT	2.3 STREET ADDRESS	1099 18th St., Ste. 2100
CITY-ST-ZIP	GREENVILLE SC	2.4 CITY-ST-ZIP	Denver, CO 80202
TITLE	EV	3.1 TITLE	
NAME	SKINNER, J. T	3.2 NAME	
STREET ADDRESS	120 LAUREL OAK TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC	3.4 CITY-ST-ZIP	
TITLE	EV	4.1 TITLE	
NAME	ZIMMERMAN, J. L JR	4.2 NAME	
STREET ADDRESS	103 PARKVIEW CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARY NC	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	HASTEY J.A.	5.2 NAME	
STREET ADDRESS	895 EDGEWATER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	
NAME	PIERCE, C P	6.2 NAME	
STREET ADDRESS	214 CHATEAU DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	6.4 CITY-ST-ZIP	

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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 on an attachment with an address.

SIGNATURE: Joe A. Hastey Date: 4-1-97 Daytime Phone #: 303/391-8782

CR2E034 (9/96)