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 19 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **846936** **(3)**

1. Corporation Name
APAC, INC.

Principal Place of Business	Mailing Address
900 ASHWOOD PKY 700 ATLANTA GA 30338 US	900 ASHWOOD PKY 700 ATLANTA G 30338 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1980**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: P.O. Box 14000
Suite, Apt. #, etc.
27:
City & State
28: Lexington, KY
Zip / Country
29: 40512 30: US

4. FEI Number: **58-1401470** ☐ Applied For ☐ 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
1311 EXECUTIVE CENTER DRIVE
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	POTTS, CHARLES F.	12 NAME		
STREET ADDRESS	900 ASHWOOD PKWY	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	OGREN, ELDON L.	22 NAME		
STREET ADDRESS	900 ASHWOOD PKWY	23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	KIRK, DONALD R.	32 NAME		
STREET ADDRESS	900 ASHWOOD PKWY	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP		
TITLE	VPS	41 TITLE		☐ Change ☐ Addition
NAME	DENISON, DAN L	42 NAME		
STREET ADDRESS	900 ASHWOOD PKWY	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP		
TITLE	AVT	51 TITLE		☐ Change ☐ Addition
NAME	QUIN, J. MARVIN	52 NAME		
STREET ADDRESS	900 ASHWOOD PKWY	53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP		
TITLE	ATS	61 TITLE	Asst. Sec./Asst. Treas.	☒ Change ☐ Addition
NAME	MEEHAN, ROBERT E.	62 NAME	Charles D. Ellis	
STREET ADDRESS	900 ASHWOOD PKWY	63 STREET ADDRESS	3499 Dabney Drive	
CITY-ST-ZIP	ATLANTA GA	64 CITY-ST-ZIP	Lexington, KY 40512	

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 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: Charles D. Ellis Charles D. Ellis 4-11-95 606/357-7681
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0300101 FP