

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90076 016 ***150.00

DOCUMENT # 846936

1. Entity Name
APAC, INC.

Principal Place of Business

Mailing Address

900 ASHWOOD PKY
 700
 ATLANTA GA 30338
 US

P.O. BOX 14000
 LEXINGTON .Y 40512-4000
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1401470**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P POTTS, CHARLES F.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	900 ASHWOOD PKWY		
	ATLANTA GA		
<input type="checkbox"/> Delete	V OGREN, ELDON L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	900 ASHWOOD PKWY		
	ATLANTA GA		
<input checked="" type="checkbox"/> Delete	T KIRK, DONALD R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	900 ASHWOOD PKWY		
	ATLANTA GA		
<input type="checkbox"/> Delete	VPSD MEYER, PAUL S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1000 ASHLAND DR		
	RUSSELL KY 41169		
<input type="checkbox"/> Delete	VPAS PACE, RAY M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3499 DABNEY DRIVE		
	LEXINGTON KY 40509		
<input type="checkbox"/> Delete	VPAS JONES, RICHARD A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3499 DABNEY DRIVE		
	LEXINGTON KY 40512		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
 Date

(606) 357-7484
 Daytime Phone #

CR2E034 (9/99)