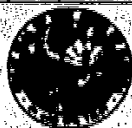


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849948

(5)

1. Corporation Name

THE BANKER'S NOTE, INC.

Principal Place of Business

**4900 HIGHLANDS PKWY.
SMYRNA GA 30082**

Mailing Address

**4900 HIGHLANDS PKWY.
SMYRNA GA 30082**

**APPROVED
AND
FILED**

95 FEB 28 PM 3:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/08/1981

3a. Date of Last Report

06/28/1994

4. FEI Number

22-2135522

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SUCHIK, MARTIN S
STREET ADDRESS	4900 HIGHLANDS PKWY.
CITY-ST-ZIP	SMYRNA GA
TITLE	VSD
NAME	CANNON, HAROLD D
STREET ADDRESS	4900 HIGHLANDS PKWY.
CITY-ST-ZIP	SMYRNA GA
TITLE	D
NAME	BARTON, JERRY
STREET ADDRESS	4900 HIGHLANDS PKWY
CITY-ST-ZIP	SMYRNA GA
TITLE	D
NAME	BERNHARDT, KEN
STREET ADDRESS	4900 HIGHLANDS PKWY
CITY-ST-ZIP	SMYRNA GA
TITLE	D
NAME	TOTH, STEVEN J
STREET ADDRESS	2100 N. WOODWARD WEST, STE. 201
CITY-ST-ZIP	BLOOMFIELD HILLS MI
TITLE	D
NAME	MARQUIS, TOM
STREET ADDRESS	2100 N. WOODWARD WEST, STE. 201
CITY-ST-ZIP	BLOOMFIELD HILLS MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Harold D. Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold D. Cannon

1-13-95

(404) 432-0636

Date

Telephone Number